

# The Georgia Behavioral Risk Factor Surveillance System



# Acknowledgements

---

Georgia Department of Public Health

Brenda Fitzgerald, MD  
Commissioner, State Health Officer

Health Protection

J. Patrick O'Neal, MD  
Director

Epidemiology Program

Cherie L. Drenzek, DVM, MS  
State Epidemiologist

Chronic Disease, Healthy Behaviors and Injury  
Epidemiology Section

Rana Bayakly, MPH  
Chief Epidemiologist

Healthy Behavior Team

Francis Annor, MPH

The Georgia Department of Public Health is grateful for the support and contribution of:

- Abt SRBI Inc.
- Centers for Disease Control and Prevention
- Residents of Georgia who agreed to participate in the survey

For more information about the Georgia Behavioral Risk Factor Surveillance System, please contact:

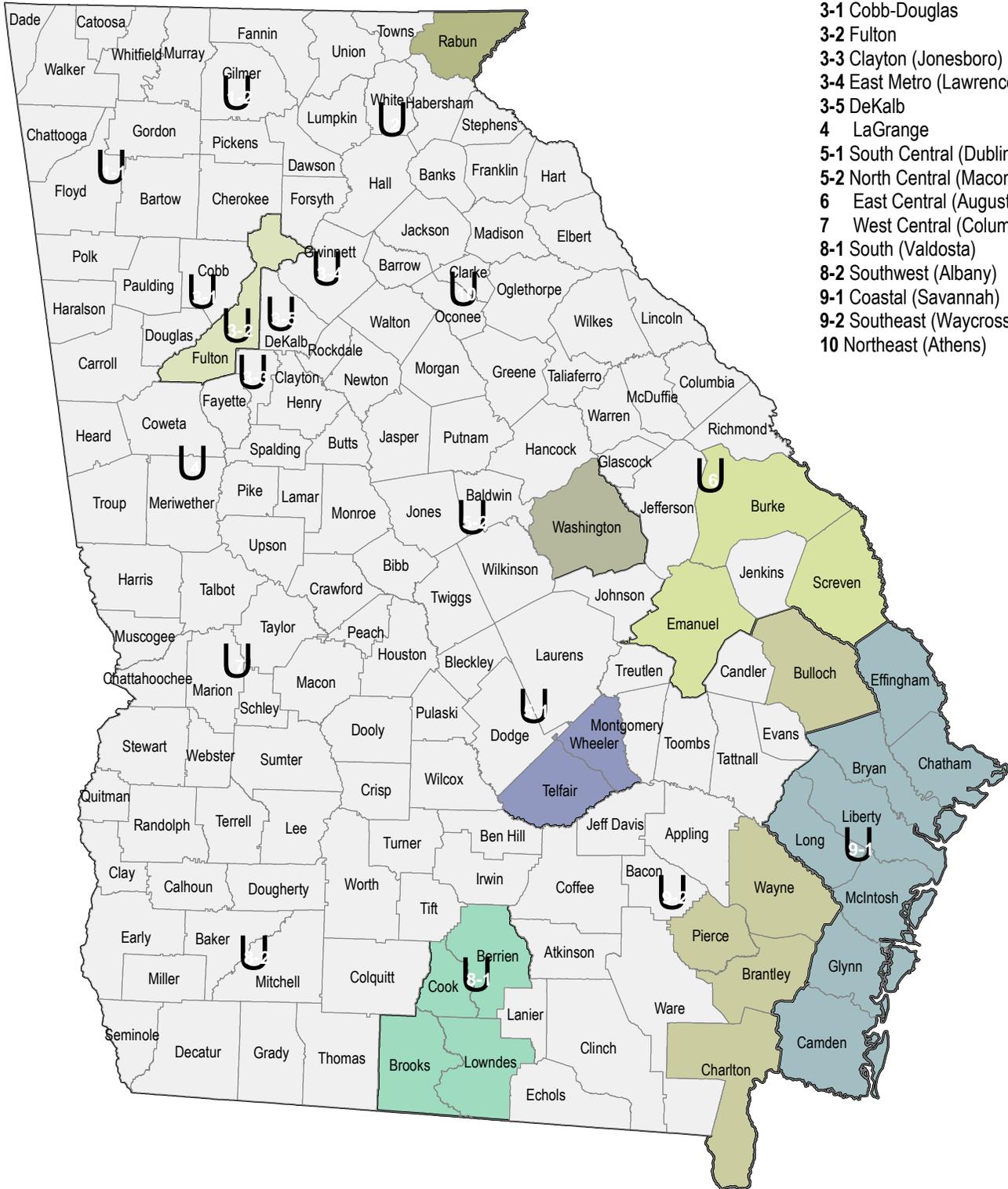
BRFSS Coordinator  
Chronic Disease, Healthy Behaviors and Injury Epidemiology Section  
Epidemiology Program  
Division of Health Protection  
Georgia Department of Public Health  
2 Peachtree Street, 14<sup>th</sup> Floor  
Atlanta, GA 30303-3142  
GA-BRFSS@dhr.state.ga.us

*This report was made possible with funding from the Centers for Disease Control and Prevention (Grant # 5U58O000021-03). Its contents do not necessarily represent the official view of the CDC.*

Suggested citation: Annor FB, Bayakly RA, Vajani M. 2011 Georgia Behavioral Risk Factor Surveillance Report. Georgia Department of Public Health Epidemiology Program. Chronic Disease, Healthy Behaviors and Injury Epidemiology Section. December 2012. Publication number xxxxxxxxxx

# Georgia Public Health Districts

- 1-1 Northwest (Rome)
- 1-2 North Georgia (Dalton)
- 2 North (Gainesville)
- 3-1 Cobb-Douglas
- 3-2 Fulton
- 3-3 Clayton (Jonesboro)
- 3-4 East Metro (Lawrenceville)
- 3-5 DeKalb
- 4 LaGrange
- 5-1 South Central (Dublin)
- 5-2 North Central (Macon)
- 6 East Central (Augusta)
- 7 West Central (Columbus)
- 8-1 South (Valdosta)
- 8-2 Southwest (Albany)
- 9-1 Coastal (Savannah)
- 9-2 Southeast (Waycross)
- 10 Northeast (Athens)



# Table of Contents

---

Acknowledgements .....	2
Georgia Public Health Districts.....	3
BRFSS Methodology .....	5
Summary of Results .....	6
Demographic Characteristics, State of Georgia .....	7
Health Status Indicators	
General Health .....	8
No Health Care Coverage .....	9
Limited Health Care Access.....	10
No Annual Doctor’s Visit .....	11
Disability .....	12
Chronic Conditions	
Asthma .....	13
Diabetes.....	14
Heart Attack .....	15
Stroke .....	16
Angina.....	17
Obesity .....	18
Overweight.....	19
Risk Behaviors	
Adequate Physical Activity.....	20
No Leisure-Time Physical Activity.....	21
Seatbelt Use.....	22
Smoking .....	23
Smokeless Tobacco.....	24
Binge Drinking.....	25
Heavy Drinking.....	26
Clinical Preventive Practices	
Breast Cancer Screening .....	27
Cervical Cancer Screening.....	29
Prostate Cancer Screening.....	30
Colorectal Cancer Screening.....	32
Adult Immunizations.....	33
Bibliography.....	34

# BRFSS Methodology

---

The Georgia Behavioral Risk Factor Surveillance System (BRFSS) is a primary source of information on major chronic conditions, health risk behaviors, and the use of clinical preventive services among adult Georgians.

**Sampling:** Using list-assisted, random digit dialing, Georgia respondents were randomly selected from the non-institutionalized adult population aged 18 years and older from each household. Trained interviewers administered the questionnaire and participation was voluntary and anonymous. The sample excluded institutionalized individuals and households without telephones. Data came from both respondents who had landline telephones as well as those who use only cellular phones.

**Weighting:** The 2011 BRFSS was the first year in which the iterative proportional fitting, or raking, methodology was used for the Georgia BRFSS. Raking is a repetitive post-stratification weighting technique used to match the marginal distributions of the survey sample to known population margins. An advantage of raked weighting technique is that it allows for adjustment of probability selection, telephone source (landline or cellular phone), race, ethnicity, education level, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status. The goal is to improve sample representation by reducing respondent under-coverage and non-response biases.

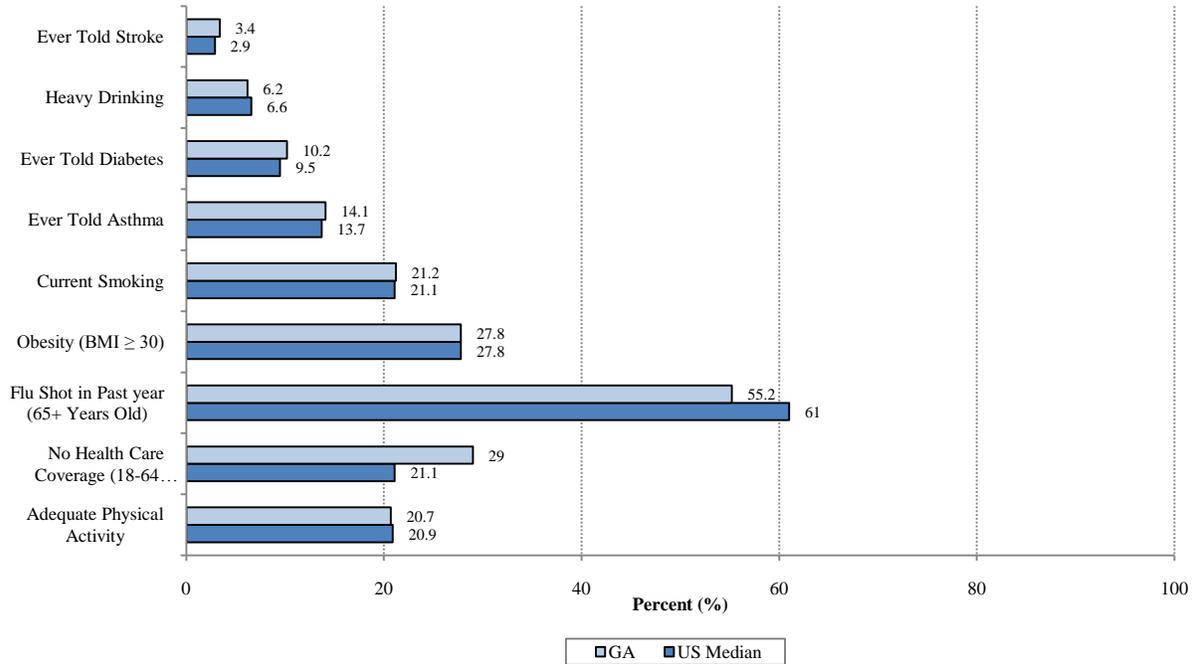
**Data Analysis:** SAS-callable SUDAAN was used for all data analysis to construct estimates and 95% confidence intervals (95% CI). Results were considered not “statistically different” if the 95% CI associated with the weighted percentages overlapped. A result is considered “statistically significant” (indicating a difference) if there were no overlap in the 95% CI of the percentages being compared. Estimates do not include those who either answered “don’t know” or refused to answer the question.

**Comparing 2011 BRFSS data to previous years:** Comparison between 2011 BRFSS data and previous years is not recommended due to the significant changes in methodology in 2011<sup>1</sup>. Methodological changes implemented in 2011 have improved the accuracy, coverage, validity, and representativeness of the BRFSS. The magnitude of estimates may change as a result and may not reflect true trends in prevalence. Data from 2011 BRFSS should be the new baseline for comparison with future BRFSS data.

# Summary

Selected chronic conditions, risk behaviors, and clinical preventive services from the 2011 Georgia BRFSS are shown in the chart below in comparison with data from the 2011 National BRFSS, which includes all 50 states, three territories, and Washington, D.C.

**Selected Chronic Conditions and Risk Factors, US and Georgia BRFSS, 2011**



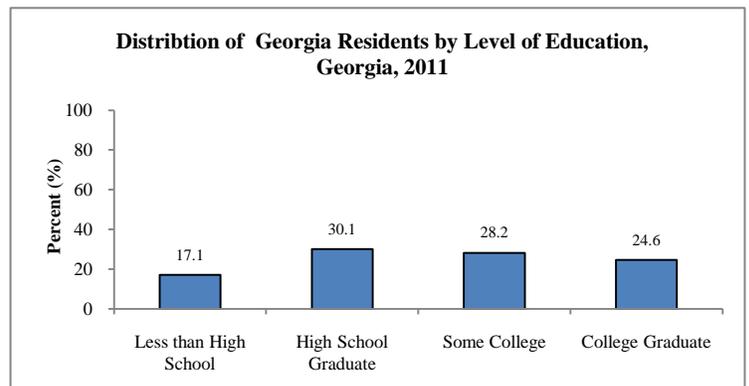
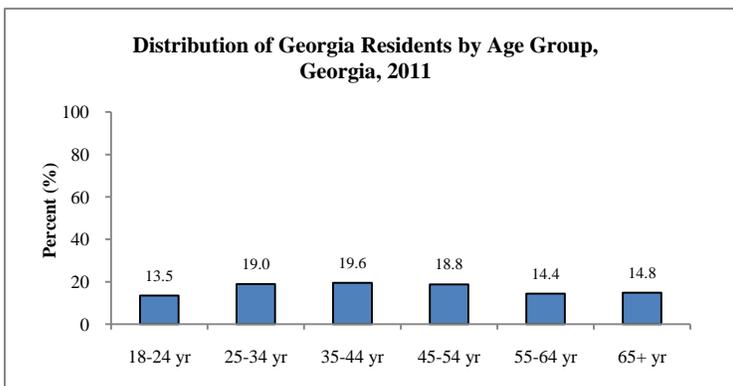
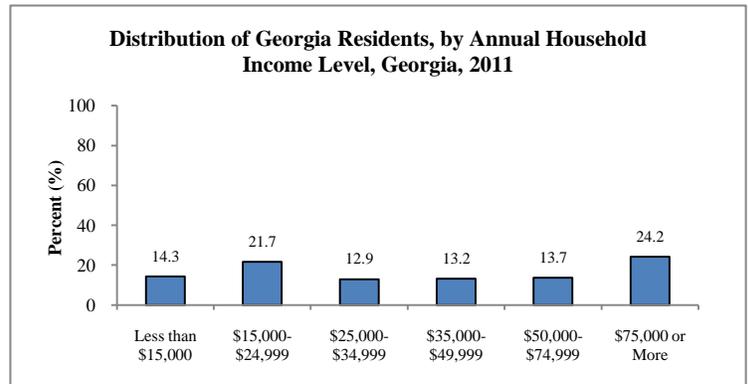
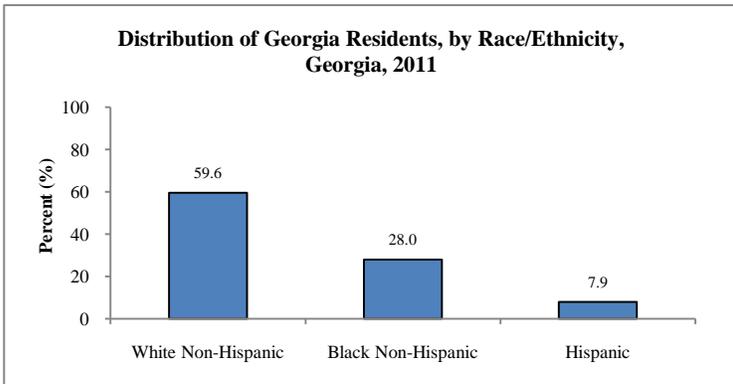
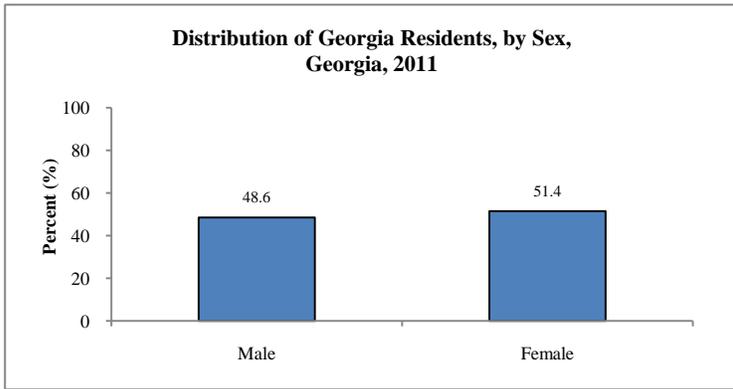
- Stroke:**  
In 2011, 3.4% of Georgia adults have ever been diagnosed with stroke. This estimate is slightly higher than the US median prevalence of 2.9%.
- Heavy Drinking (≥5 drinks per occasion for men, ≥4 drinks per occasion for women in the previous month):**  
In 2011, 6.2% of Georgia adults engaged in heavy drinking. This estimate is similar to the US median prevalence of 6.6%.
- Diabetes:**  
In 2011, 10.2% of Georgia adults have ever been diagnosed with diabetes. This estimate is slightly higher than the US median prevalence of 9.5%.
- Asthma:**  
In 2011, 14.1% of Georgia adults have ever been diagnosed with asthma. This estimate is slightly higher than the US median prevalence of 13.7%.
- Tobacco Use:**  
In 2011, 21.2% of Georgia adults currently smoked cigarettes. This estimate is similar to the US median prevalence of 21.1%.
- Flu shot in Past Year:**  
In 2011, 55.2% of Georgia adults aged 65 years and older received a flu shot in the past year. This estimate is lower than the US median estimate of 61%.
- Obesity:**  
In 2011, 27.8% of Georgia adults were obese. This estimate is similar to the US median prevalence of 27.8%.
- No Health Care Coverage:**  
In 2011, 29% of Georgia adults did not have any form of health coverage, which exceeds the US median estimate of 21.1%.
- Adequate Physical Activity:**  
In 2011, 20.7% of Georgia adults met both CDC’s recommendations for aerobic and muscle-strengthening physical activity. This is similar to the US median prevalence of 20.9%.

# Demographics

In 2011, there were approximately 7,300,000 adults aged 18 years and older residing in the state of Georgia <sup>2</sup>.

- Approximately 9,960 adults participated in the 2011 Georgia BRFSS survey statewide.
- Among Georgia adult residents, 51% were female and 48% were male.
- The majority of the population of Georgia was non-Hispanic white (59.6%).
- More than half the population of Georgia in 2011 was under the age of 45 years.
- Approximately 24.2% of Georgia residents had an annual household income of \$75,000 or more.
- About 83% of the population had at least a high school diploma and 25% had at least a college diploma.

Demographic Characteristics	Georgia Total (N=9,960)	
	%	95% CI
<b>Sex</b>		
Male	48.6	(47.1, 50.1)
Female	51.4	(49.9, 53.0)
<b>Race/Ethnicity</b>		
White Non-Hispanic	59.6	(58.0, 61.1)
Black Non-Hispanic	28.0	(26.6, 29.5)
Hispanic	7.9	(6.9, 9.0)
<b>Age</b>		
18-24 years	13.5	(12.1, 15.0)
25-34 years	19.0	(17.6, 20.4)
35-44 years	19.6	(18.4, 20.8)
45-54 years	18.8	(17.8, 19.9)
55-64 years	14.4	(13.7, 15.2)
65+ years	14.8	(14.1, 15.5)
<b>Annual Income</b>		
Less than \$15,000	14.3	(13.1, 15.5)
\$15,000-\$24,999	21.7	(20.3, 23.2)
\$25,000-\$34,999	12.9	(11.9, 14.1)
\$35,000-\$49,999	13.2	(12.1, 14.2)
\$50,000-\$74,999	13.7	(12.7, 14.8)
\$75,000 or More	24.2	(23.0, 25.5)
<b>Education</b>		
Less than High School	17.1	(15.8, 18.5)
High School Graduate	30.1	(28.7, 31.6)
Some College	28.2	(26.8, 29.6)
College Graduate	24.6	(23.5, 25.7)



# General Health

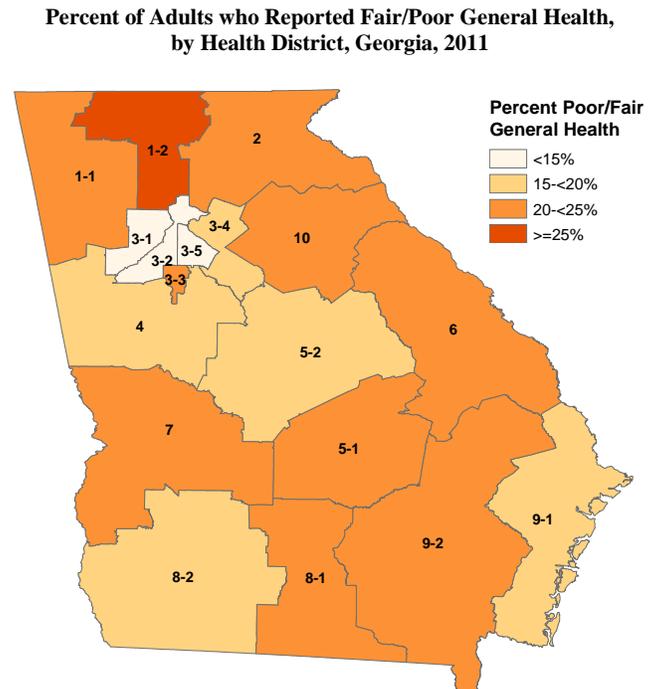
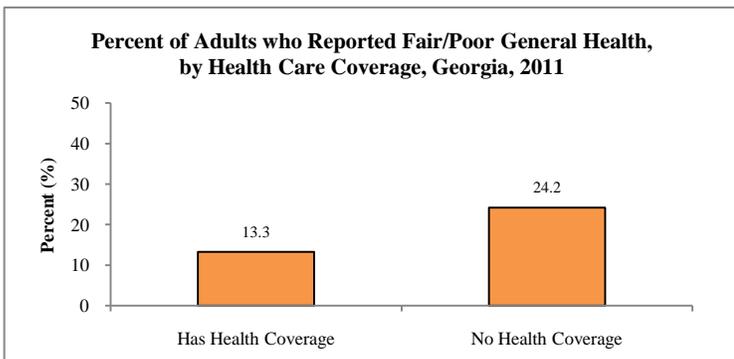
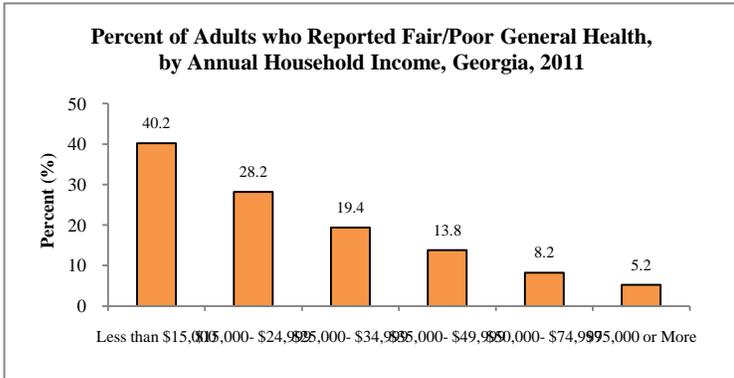
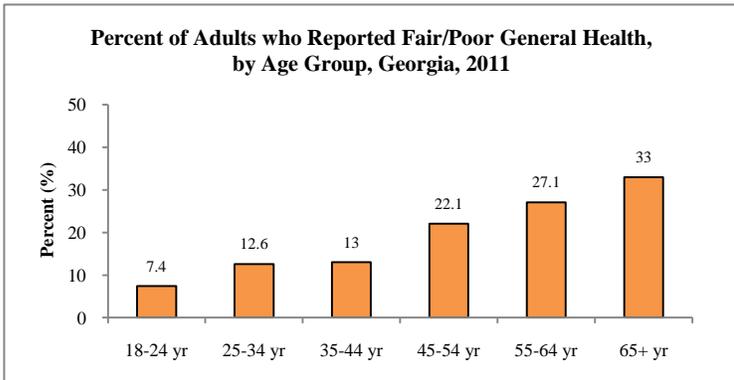
**Self-assessed health status** is a measure of how individuals perceive their health rating (excellent, very good, good, fair, or poor) and is a useful indicator which allows for general comparisons between varieties of health conditions. Poor perceived health may be linked to various adverse psychosocial states such as social isolation, negative life events, depression and job stress <sup>3</sup>.

**In 2011, 18.9% of Georgia adults reported that they perceive their health rating as fair or poor.**

- Adults aged 65 years and older (33%) were significantly more likely to report fair or poor general health compared to adults in other age groups.
- Adults with an annual household income less than \$15,000 (40.2%) were significantly more likely to report fair or poor general health than adults with an annual household income more than \$15,000.
- Adults without health care coverage (24.2%) were significantly more likely to report fair or poor general health than adults with health care coverage (13.3%).

Demographic Characteristics	Perceived Fair/Poor General Health <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	18.9	(17.8, 20.1)
<b>Sex</b>		
Male	18.7	(16.9, 20.6)
Female	19.1	(17.8, 20.5)
<b>Race/Ethnicity</b>		
White Non-Hispanic	17.5	(16.2, 18.8)
Black Non-Hispanic	20.4	(18.1, 22.9)
Hispanic	24	(18.5, 30.5)
<b>Age</b>		
18-24 years	7.4	(4.7, 11.3)
25-34 years	12.6	(9.7, 16.2)
35-44 years	13	(10.6, 15.8)
45-54 years	22.1	(19.7, 24.7)
55-64 years	27.1	(24.8, 29.6)
65+ years	33	(30.8, 35.2)
<b>Annual Income</b>		
Less than \$15,000	40.2	(35.7, 44.8)
\$15,000-\$24,999	28.2	(25.1, 31.5)
\$25,000-\$34,999	19.4	(16.0, 23.3)
\$35,000-\$49,999	13.8	(11.3, 16.7)
\$50,000-\$74,999	8.2	(6.5, 10.3)
\$75,000 or More	5.2	(4.1, 6.5)
<b>Education</b>		
Less than High School	39.8	(35.7, 44.1)
High School Graduate	22	(19.8, 24.2)
Some College	14.6	(12.9, 16.5)
College Graduate	5.8	(4.9, 6.7)
<b>Health Care Coverage</b>		
Has Health Coverage	13.3	(12.1, 14.6)
No Health Coverage	24.2	(21.1, 27.6)

<sup>a</sup> The proportion of adults who reported that their health, in general, was fair or poor.



# No Health Care Coverage

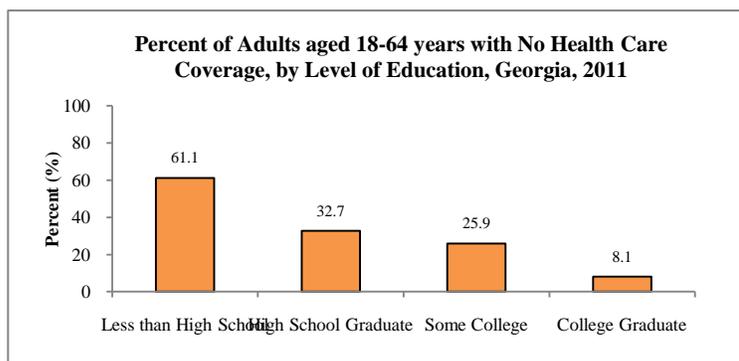
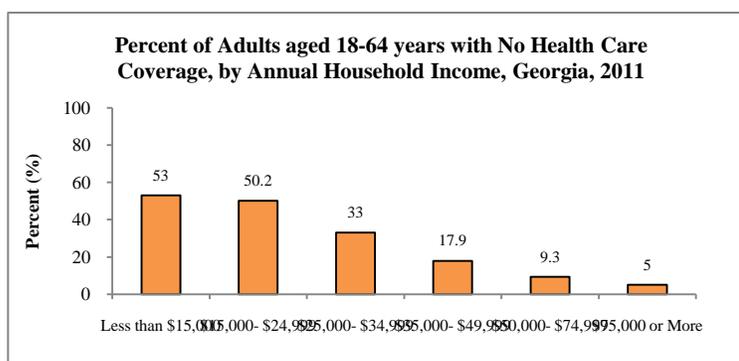
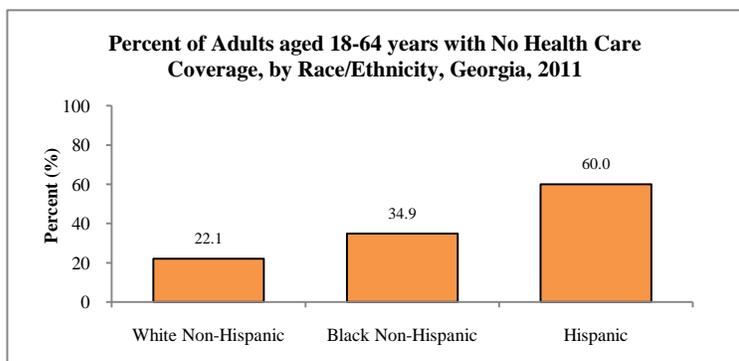
Individuals without health care coverage have decreased access to health care services and usually delay getting needed medical attention. Insurance coverage is an important factor in determining whether people will have access to services like screenings, treatment, and health education <sup>4</sup>. Access to health care can be limited by both lack of health insurance and by insufficient coverage.

**In 2011, 29% of Georgia adults aged 18-64 years reported that they did not have health care coverage.**

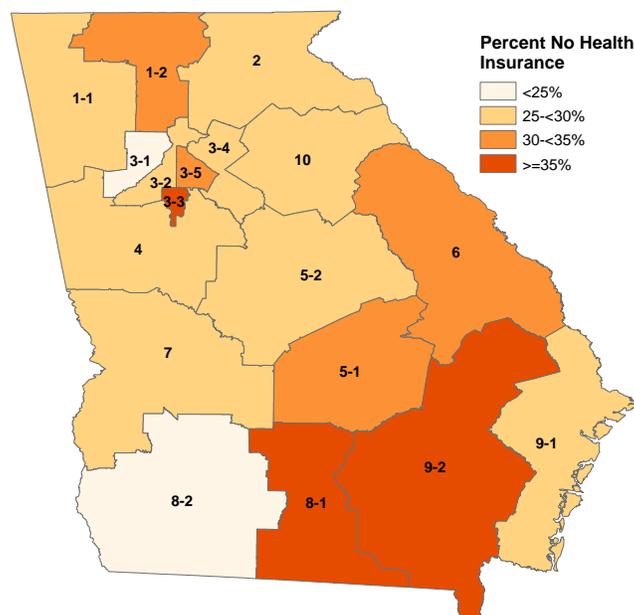
- Hispanics (60%) were significantly more likely not to have health care coverage than non-Hispanic whites (22.1%) and non-Hispanic blacks (34.9%).
- Adults aged 18-24 years (41.7%) were more likely not to have health care coverage than other age groups.
- Adults with an annual household income less than \$15,000 (53%) were less likely not to have any form of health care coverage compared to adults in other income levels.
- Adults with less than a high school education (61.1%) were significantly more likely not to have health coverage than high school graduates (32.7%), those with some college (25.9%), and college graduates (8.1%).

Demographic Characteristics	No Health Care Coverage 18-64 Years Age <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	29	(27.3, 30.7)
<b>Sex</b>		
Male	31.3	(28.6, 34.2)
Female	26.6	(24.6, 28.8)
<b>Race/Ethnicity</b>		
White Non-Hispanic	22.1	(20.1, 24.1)
Black Non-Hispanic	34.9	(31.4, 38.6)
Hispanic	60	(52.8, 66.7)
<b>Age</b>		
18-24 years	41.7	(35.7, 48.0)
25-34 years	34.9	(30.7, 39.3)
35-44 years	31.1	(27.6, 34.8)
45-54 years	21.9	(19.4, 24.6)
55-64 years	15.9	(14.0, 17.9)
<b>Annual Income</b>		
Less than \$15,000	53	(47.5, 58.5)
\$15,000-\$24,999	50.2	(45.7, 54.6)
\$25,000-\$34,999	33	(27.8, 38.6)
\$35,000-\$49,999	17.9	(14.2, 22.3)
\$50,000-\$74,999	9.3	(6.3, 13.4)
\$75,000 or More	5	(3.7, 6.7)
<b>Education</b>		
Less than High School	61.1	(55.8, 66.1)
High School Graduate	32.7	(29.5, 36.0)
Some College	25.9	(23.0, 29.1)
College Graduate	8.1	(6.6, 9.8)

<sup>a</sup> The proportion of adults aged 18-64 years old who have no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Service.



Percent of Adults aged 18-64 years with No Health Care Coverage, by Health District, Georgia, 2011



## Limited Health Care Access

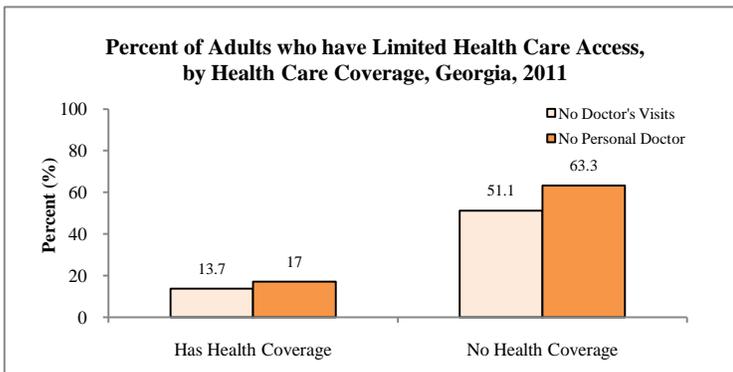
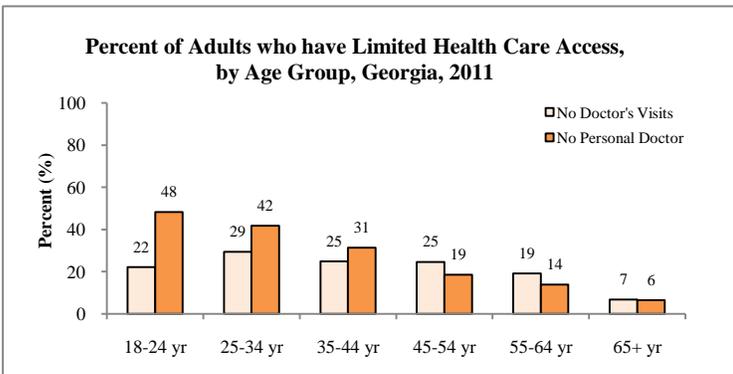
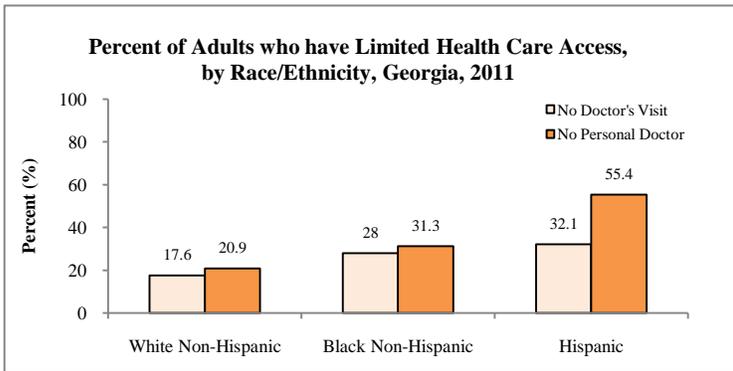
**Limited health care access** is defined as: (1) not having a personal doctor or health care provider; and, (2) having a time in the past year when one needed to see a doctor but could not due to cost. These indicators are very important to health care due to the fact that increase in access to primary care have been shown to significantly improve health-related outcomes.

**In 2011, 26.9% of Georgia adults did not have a personal doctor or a health care provider.**

- Hispanics (55.4%) were significantly more likely not to have a personal doctor when compared to non-Hispanics blacks (31.3%) and non-Hispanics whites (20.9%).
- Adults aged 18-24 yrs. (48.2%) were the most likely not to have a personal doctor.
- The proportion of Georgia adults with a personal doctor decreases as annual household income decreases.
- Adults without health care coverage (63.3%) were significantly more likely not to have a personal doctor than adults with health care coverage (17%).

**In 2011, 21.8% of Georgia adults could not visit a doctor due to costs within the past 12 months.**

- Hispanics (32.1%) had the highest rates of forgoing medical care due to costs.
- Adults with less than a high school education (37.9%) were four times more likely to forgo medical care due to cost than college graduates (9.4%).
- The proportion of adults who forgo medical care due to costs increases as annual household income decreases.
- Adults without health care coverage (51.1%) were significantly more likely to forgo medical care due to cost than adults with health care coverage (13.7%).



Demographic Characteristics	No Personal Health Care Provider <sup>a</sup>		No Health Care Due to Cost <sup>b</sup>	
	%	95% CI	%	95% CI
<b>State Totals</b>	26.9	(25.5, 28.5)	21.8	(20.4, 23.2)
<b>Sex</b>				
Male	34.1	(31.6, 36.6)	19.4	(17.3, 21.7)
Female	20.2	(18.6, 21.9)	24	(22.4, 25.8)
<b>Race/Ethnicity</b>				
White Non-Hispanic	20.9	(19.3, 22.6)	17.6	(16.2, 19.2)
Black Non-Hispanic	31.3	(28.1, 34.6)	28	(25.1, 31.2)
Hispanic	55.4	(48.5, 62.1)	32.1	(25.9, 39.1)
<b>Age</b>				
18-24 years	48.2	(42.2, 54.4)	22.2	(17.6, 27.7)
25-34 years	41.8	(37.6, 46.1)	29.4	(25.4, 33.7)
35-44 years	31.3	(27.9, 34.9)	24.9	(21.8, 28.4)
45-54 years	18.5	(16.3, 21.1)	24.6	(22.2, 27.3)
55-64 years	13.8	(12.0, 15.9)	19.1	(17.0, 21.4)
65+ years	6.4	(5.2, 7.8)	6.7	(5.5, 8.2)
<b>Annual Income</b>				
Less than \$15,000	37.4	(32.6, 42.5)	45.7	(40.8, 50.5)
\$15,000-\$24,999	37.7	(33.9, 41.7)	35.1	(31.5, 39.0)
\$25,000-\$34,999	26.8	(22.6, 31.5)	24.4	(20.5, 28.9)
\$35,000-\$49,999	19.2	(15.6, 23.5)	16.9	(13.8, 20.5)
\$50,000-\$74,999	20.3	(16.7, 24.4)	8.7	(6.5, 11.6)
\$75,000 or More	13.6	(11.5, 15.9)	4.8	(3.6, 6.4)
<b>Education</b>				
Less than High School	42	(37.5, 46.7)	37.9	(33.5, 42.4)
High School Graduate	27.6	(24.9, 30.5)	23.5	(21.0, 26.1)
Some College	24.9	(22.3, 27.8)	21.1	(18.7, 23.6)
College Graduate	17.3	(15.2, 19.5)	9.4	(8.1, 10.9)
<b>Health Care Coverage</b>				
Has Health Coverage	17	(15.5, 18.6)	13.7	(12.4, 15.1)
No Health Coverage	63.3	(59.7, 66.8)	51.1	(47.3, 55.0)

<sup>a</sup> The proportion of adults who reported that they did not have anyone that they thought of as their personal doctor or health care provider.

<sup>b</sup> The proportion of adults who reported that they could not see a doctor when needed due to cost within the past 12 months.

## No Annual Doctor's Visit

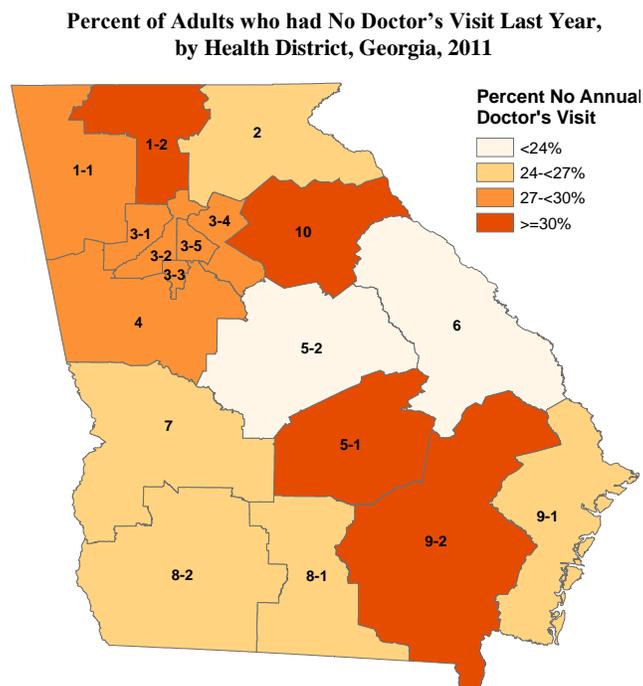
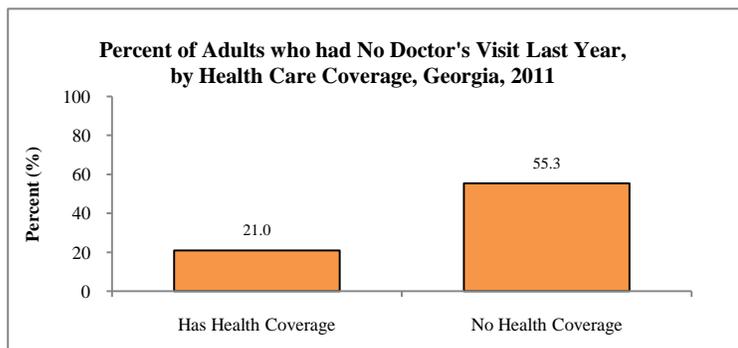
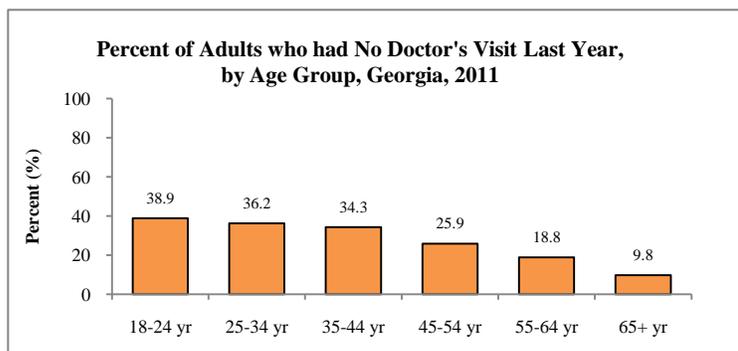
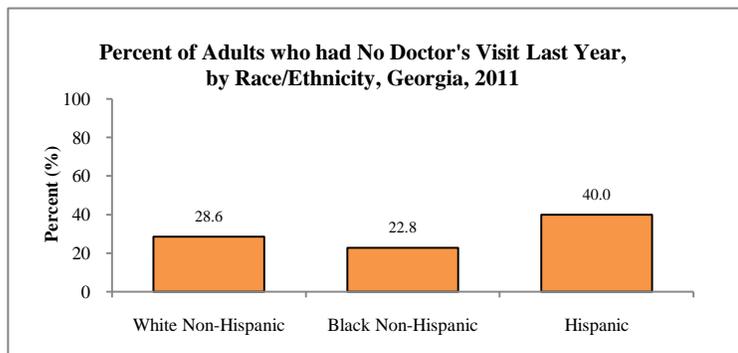
An **annual doctor's visit** serves as a preventive measure that can reduce risk factors for common chronic diseases. By having a doctor's visit every year, certain problems can be detected earlier when treatment might be more effective.

In 2011, 27.6% of Georgia adults reported that they have not visited a doctor for a routine checkup within the past 12 months.

- Males (32.5%) were significantly more likely than females (23.1%) not to visit a doctor in the past year.
- Hispanics (40%) were more likely not to visit a doctor in the past year when compared to non-Hispanic whites (28.6%) and non-Hispanic blacks (22.8%).
- Adults aged 65 years and older (9.8%) were significantly less likely to have not visited a doctor in the past year.
- Adults with an annual household income of less than \$15,000 (34.9%) were the most likely to have not visited a doctor in the past year.
- More than half of adults without health care coverage (55.3%) did not visit a doctor in the past year.

Demographic Characteristics	No Doctor's Visit <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	27.6	(26.2, 29.1)
<b>Sex</b>		
Male	32.5	(30.1, 35.0)
Female	23.1	(21.5, 24.8)
<b>Race/Ethnicity</b>		
White Non-Hispanic	28.6	(26.9, 30.4)
Black Non-Hispanic	22.8	(20.0, 25.9)
Hispanic	40	(32.9, 47.5)
<b>Age</b>		
18-24 years	38.9	(33.0, 45.1)
25-34 years	36.2	(32.1, 40.5)
35-44 years	34.3	(30.9, 37.8)
45-54 years	25.9	(23.3, 28.6)
55-64 years	18.8	(16.9, 21.0)
65+ years	9.8	(8.6, 11.2)
<b>Annual Income</b>		
Less than \$15,000	34.9	(30.3, 39.8)
\$15,000-\$24,999	33.7	(30.0, 37.6)
\$25,000-\$34,999	26.4	(22.3, 31.0)
\$35,000-\$49,999	23.8	(20.0, 28.0)
\$50,000-\$74,999	26.1	(22.4, 30.3)
\$75,000 or More	21.9	(19.5, 24.6)
<b>Education</b>		
Less than High School	33	(28.6, 37.7)
High School Graduate	27.5	(24.9, 30.3)
Some College	27.7	(25.1, 30.5)
College Graduate	24.1	(21.9, 26.4)
<b>Health Care Coverage</b>		
Has Health Coverage	21	(19.5, 22.6)
No Health Coverage	55.3	(51.3, 59.2)

<sup>a</sup>The proportion of adults who reported that they did not visit a doctor for a routine checkup within the past 12 months.



# Disability

**Disability** refers to limitations in activities due to physical, mental, or emotional problems or having health problems that require the use of special equipment. People with disabilities may lack access to health services and medical care <sup>5</sup>.

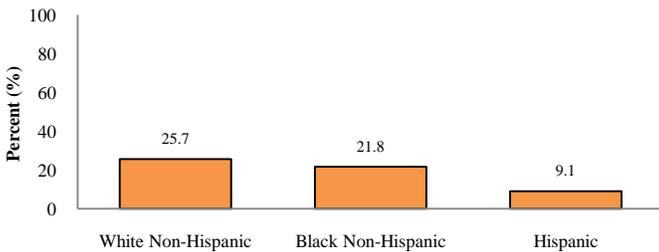
In 2011, 23.4% of Georgia adults reported being disabled in any way.

- Hispanics (9.1%) were significantly less likely to be disabled when compared to other race/ethnicity groups.
- Adults aged 55-64 years (36.2%) and 65 years or older (36.2%) were significantly more likely to be disabled than adults in other age groups.
- Adults with an annual household income less than \$15,000 (36.5%) were significantly more likely to be disabled compared to adults in other income levels.
- Adults with less than a high school education (30.3%) had a significantly higher prevalence of disability than adults with some college (22.3%) and college graduates (17.8%).

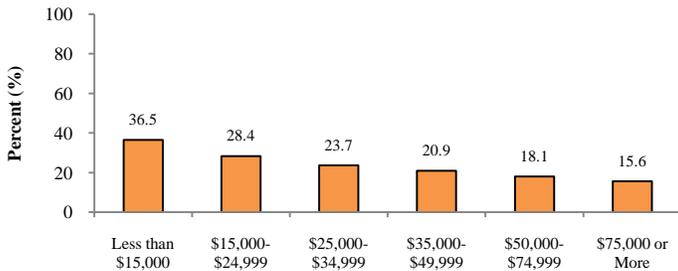
Demographic Characteristics	Disability <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	23.4	(22.2, 24.7)
<b>Sex</b>		
Male	21.2	(19.3, 23.1)
Female	25.6	(24.0, 27.1)
<b>Race/Ethnicity</b>		
White Non-Hispanic	25.7	(24.2, 27.2)
Black Non-Hispanic	21.8	(19.4, 24.4)
Hispanic	9.1	(6.3, 13.0)
<b>Age</b>		
18-24 years	12	(8.5, 16.7)
25-34 years	11.8	(9.2, 15.0)
35-44 years	18.8	(16.1, 21.8)
45-54 years	27.7	(25.0, 30.5)
55-64 years	36.2	(33.7, 38.9)
65+ years	36.4	(34.2, 38.7)
<b>Annual Income</b>		
Less than \$15,000	36.5	(32.2, 41.1)
\$15,000-\$24,999	28.4	(25.3, 31.8)
\$25,000-\$34,999	23.7	(20.1, 27.7)
\$35,000-\$49,999	20.9	(17.8, 24.3)
\$50,000-\$74,999	18.1	(15.4, 21.0)
\$75,000 or More	15.6	(13.7, 17.8)
<b>Education</b>		
Less than High School	30.3	(26.6, 34.3)
High School Graduate	25.4	(23.1, 27.9)
Some College	22.3	(20.2, 24.6)
College Graduate	17.8	(16.2, 19.6)
<b>Health Care Coverage</b>		
Has Health Coverage	22	(20.5, 23.5)
No Health Coverage	19.1	(16.4, 22.2)

<sup>a</sup> The proportion of adults who reported being limited in any activities due to physical, mental, or emotional problems.

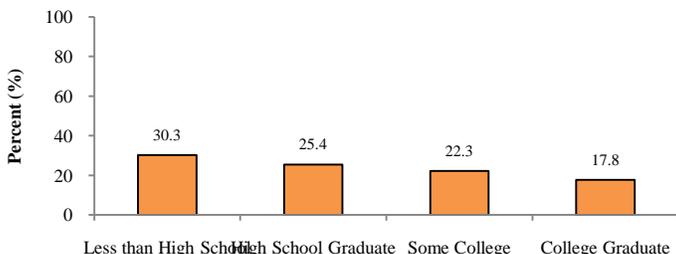
Percent of Adults who reported being Disabled, by Race/Ethnicity, Georgia, 2011



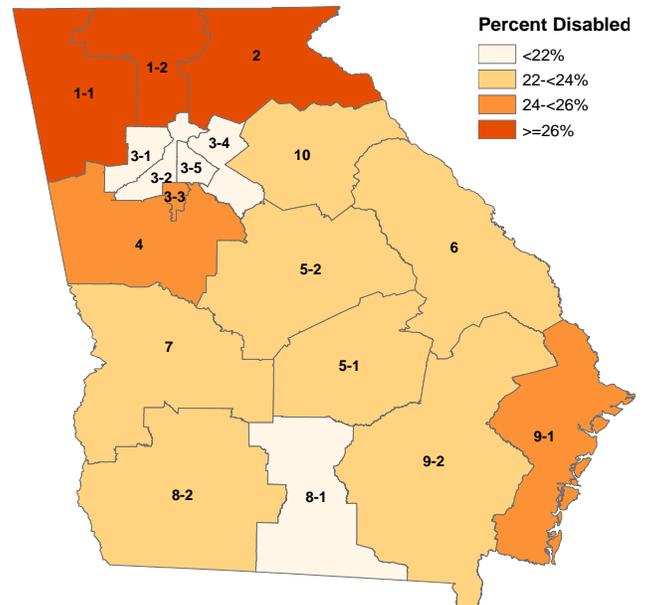
Percent of Adults who reported being Disabled, by Annual Household Income, Georgia, 2011



Percent of Adults who reported being Disabled, by Level of Education, Georgia, 2011



Percent of Adults who reported being Disabled, by Health District, Georgia, 2011



# Asthma

**Asthma** is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing <sup>6</sup>. Most people with asthma can control their symptoms and prevent asthma attacks by avoiding asthma triggers and correctly using prescribed medicines.

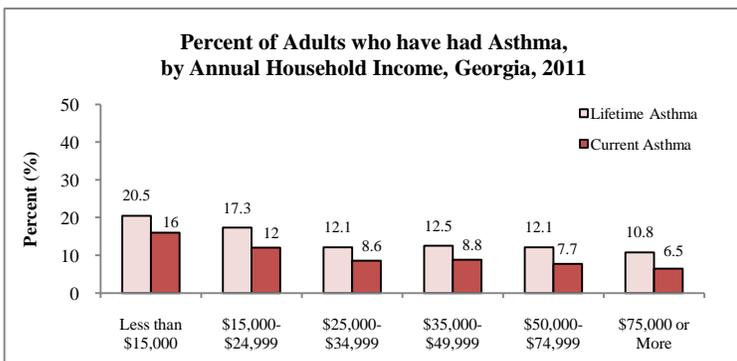
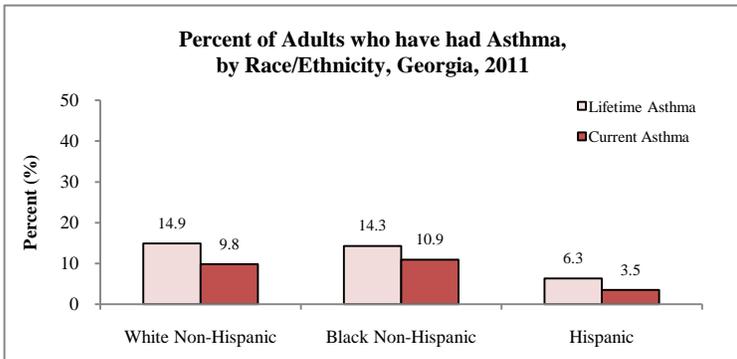
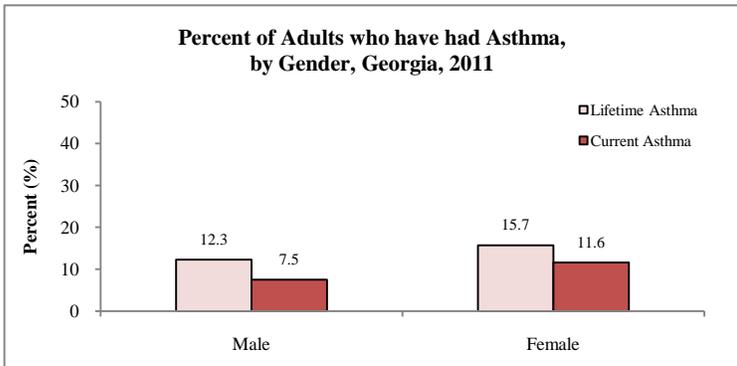
**In 2011, 14.1% of Georgia adults reported ever having asthma and 9.6% currently have asthma.**

- Adult females were significantly more likely than males to have ever had asthma (15.7% vs. 12.3%) and to currently have asthma (11.6% vs. 7.5%).
- Non-Hispanic whites (9.8%) and non-Hispanic blacks (10.9%) were more likely to currently have asthma compared to Hispanics (3.5%).
- Adults with a household income of less than \$15,000 were the most likely to have ever had asthma (20.5%) and to currently have asthma (16%).
- Adults with less than a high school education were most likely to have ever had asthma (17.5%) and to currently have asthma (13.4%).

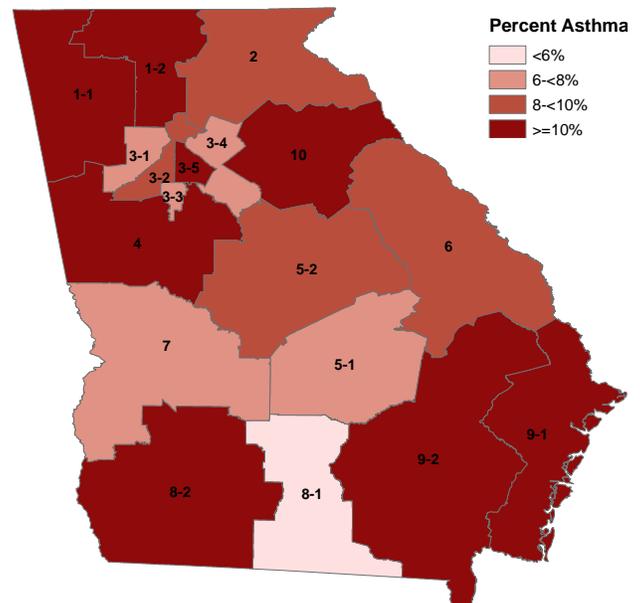
Demographic Characteristics	Lifetime Asthma <sup>a</sup>		Current Asthma <sup>b</sup>	
	%	95% CI	%	95% CI
<b>State Totals</b>	14.1	(13.0, 15.2)	9.6	(8.7, 10.5)
<b>Sex</b>				
Male	12.3	(10.7, 14.2)	7.5	(6.2, 8.9)
Female	15.7	(14.3, 17.2)	11.6	(10.4, 12.9)
<b>Race/Ethnicity</b>				
White Non-Hispanic	14.9	(13.6, 16.3)	9.8	(8.8, 11.0)
Black Non-Hispanic	14.3	(12.1, 16.8)	10.9	(9.0, 13.2)
Hispanic	6.3	(3.9, 10.1)	3.5	(2.0, 6.1)
<b>Age</b>				
18-24 years	18.7	(14.5, 23.9)	10	(7.0, 14.1)
25-34 years	15.7	(12.8, 19.1)	10.6	(8.1, 13.7)
35-44 years	12.7	(10.5, 15.3)	9.3	(7.4, 11.6)
45-54 years	12.7	(10.9, 14.7)	9.3	(7.7, 11.1)
55-64 years	13.7	(11.9, 15.6)	9.1	(7.7, 10.7)
65+ years	11.9	(10.5, 13.5)	9.3	(8.0, 10.7)
<b>Annual Income</b>				
Less than \$15,000	20.5	(16.9, 24.7)	16	(12.9, 19.7)
\$15,000-\$24,999	17.3	(14.5, 20.5)	12	(9.6, 14.8)
\$25,000-\$34,999	12.1	(9.4, 15.3)	8.6	(6.3, 11.5)
\$35,000-\$49,999	12.5	(9.7, 16.0)	8.8	(6.3, 12.1)
\$50,000-\$74,999	12.1	(9.7, 15.1)	7.7	(5.8, 10.2)
\$75,000 or More	10.8	(9.1, 12.8)	6.5	(5.3, 8.0)
<b>Education</b>				
Less than High School	17.5	(14.5, 21.0)	13.4	(10.7, 16.5)
High School Graduate	14.4	(12.3, 16.7)	9.8	(8.2, 11.7)
Some College	14	(12.0, 16.3)	9	(7.4, 11.0)
College Graduate	11.5	(10.1, 13.1)	7.4	(6.3, 8.7)
<b>Health Care Coverage</b>				
Has Health Coverage	14.7	(13.3, 16.2)	9.7	(8.6, 11.0)
No Health Coverage	13.4	(11.0, 16.2)	9.5	(7.5, 12.1)

<sup>a</sup> The proportion of adults who reported that they were ever told by a doctor, nurse, or other health care professional that they had asthma.

<sup>b</sup> The proportion of adults who reported that they still had asthma.



Percent of Adults who currently have Asthma, by Health District, Georgia, 2011



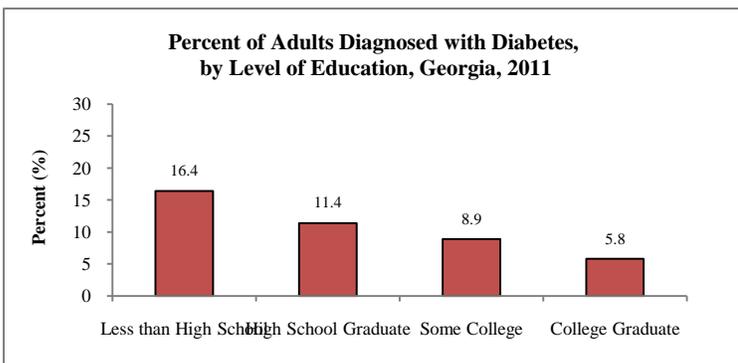
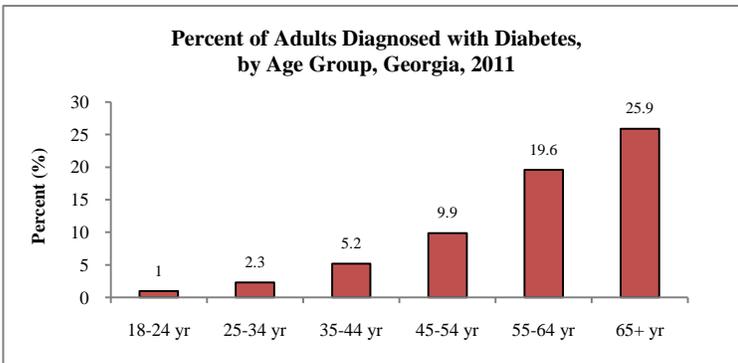
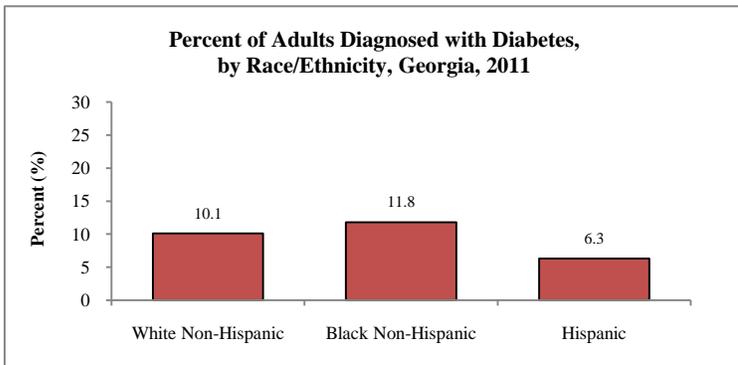
# Diabetes

**Diabetes** is a chronic disease where the body is unable to process glucose, causing blood glucose levels to be higher than normal. Diabetes is the seventh leading cause of death in the United States and increases the risk for heart disease, stroke, high blood pressure, blindness, kidney disease, amputations, nerve problems, dental disease, and infections <sup>7</sup>.

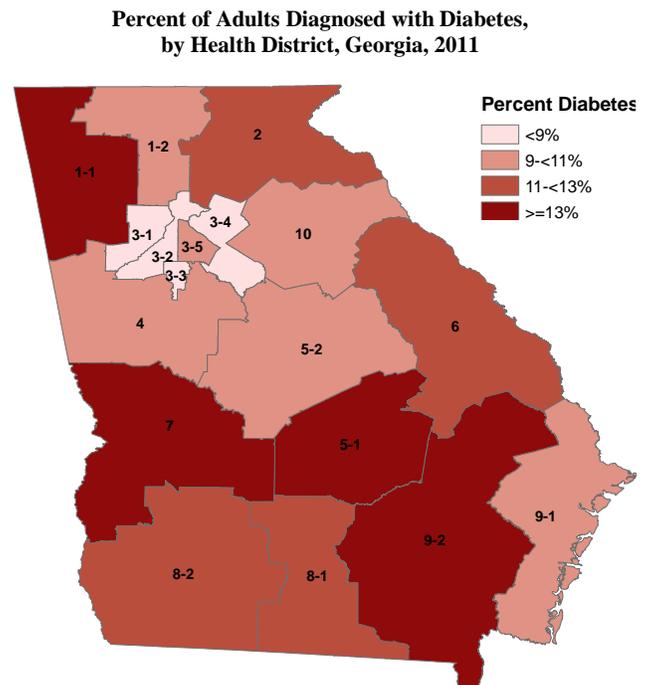
**In 2011, 10.2% of Georgia adults reported ever being diagnosed with diabetes by a health care professional.**

- Non-Hispanic blacks (11.8%) were more likely to have ever been diagnosed with diabetes than Hispanics (6.3%).
- The prevalence of diabetes was significantly higher among adults aged 65 years and older (25.9%).
- Adults with an annual household income of less than \$15,000 (18%) were more likely to ever have diabetes than adults with an income of \$75,000 or more (4.9%).
- Adults with less than a high school education (16.4%) were significantly more likely to ever have diabetes compared to high school graduates (11.4%), some college education (8.9%), and college graduates (5.8%).

Demographic Characteristics	Diabetes <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	10.2	(9.5, 10.9)
<b>Sex</b>		
Male	9.8	(8.8, 11.0)
Female	10.5	(9.6, 11.5)
<b>Race/Ethnicity</b>		
White Non-Hispanic	10.1	(9.3, 11.0)
Black Non-Hispanic	11.8	(10.2, 13.5)
Hispanic	6.3	(4.2, 9.4)
<b>Age</b>		
18-24 years	1	(0.3, 2.9)
25-34 years	2.3	(1.3, 4.1)
35-44 years	5.2	(3.9, 7.0)
45-54 years	9.9	(8.3, 11.7)
55-64 years	19.6	(17.6, 21.9)
65+ years	25.9	(23.9, 27.9)
<b>Annual Income</b>		
Less than \$15,000	18	(15.1, 21.4)
\$15,000-\$24,999	12.3	(10.6, 14.2)
\$25,000-\$34,999	12.5	(10.1, 15.2)
\$35,000-\$49,999	8.6	(7.0, 10.6)
\$50,000-\$74,999	6.5	(5.2, 8.1)
\$75,000 or More	4.9	(4.0, 5.8)
<b>Education</b>		
Less than High School	16.4	(14.0, 19.2)
High School Graduate	11.4	(10.0, 13.0)
Some College	8.9	(7.8, 10.1)
College Graduate	5.8	(5.1, 6.7)
<b>Health Care Coverage</b>		
Has Health Coverage	8.1	(7.3, 9.1)
No Health Coverage	5.6	(4.5, 7.0)



<sup>a</sup> The proportion of adults who have physician-diagnosed diabetes. Adults with prediabetes or diabetes only during pregnancy are not considered to have a diagnosis of diabetes.



# Heart Attack

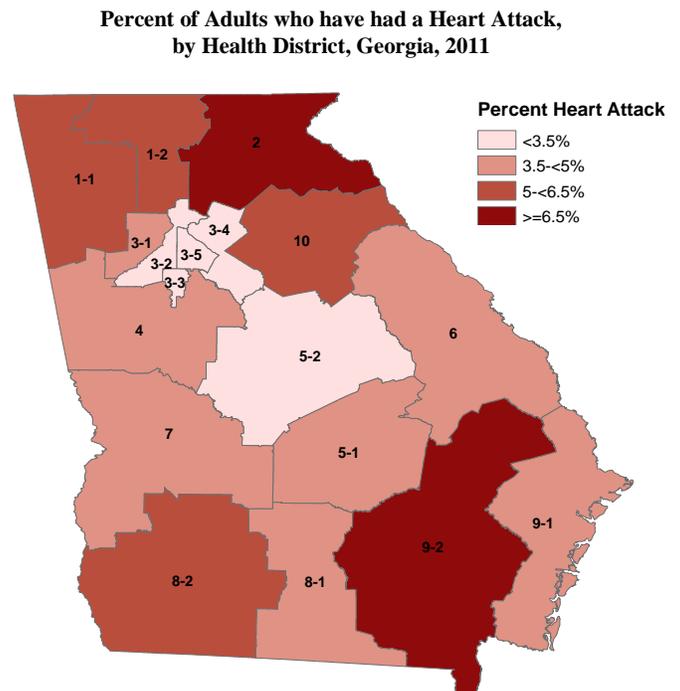
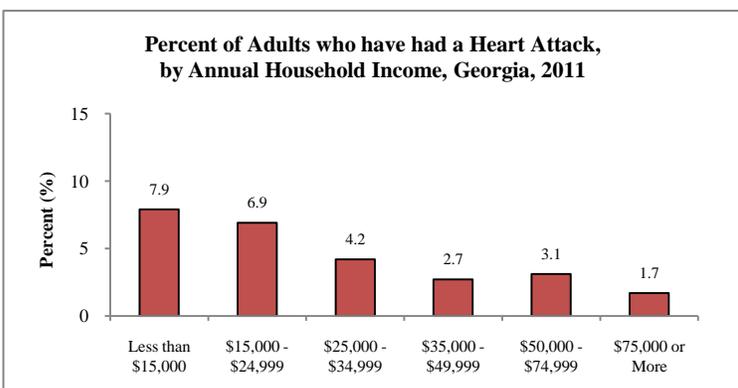
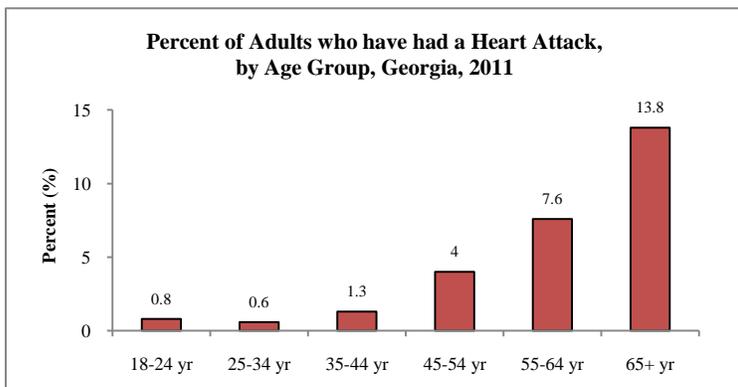
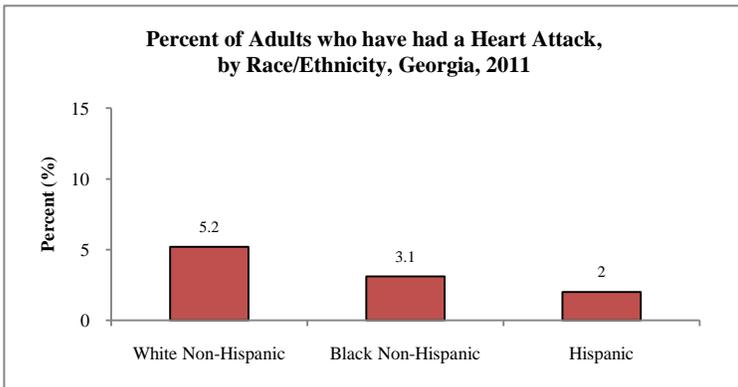
**Heart attack**, also called myocardial infarction, occurs when blood flow to a section of the heart muscle becomes blocked. Risk factors for heart attack include high blood cholesterol levels, high blood pressure, smoking, lack of physical activity, and obesity<sup>8</sup>.

**In 2011, 4.4% of Georgia adults reported being told by a health professional that they have had a heart attack.**

- Adult males (5.2%) were significantly more likely to have had a heart attack when compared to females (3.6%).
- White non-Hispanics (5.2%) were significantly more likely to have had a heart attack than black non-Hispanics (3.1%) and Hispanics (2.0%).
- Adults aged 65 years or older (13.8%) were significantly more likely to have had a heart attack when compared to other age groups.
- Adults with an annual household income of less than \$15,000 (7.9%) were most likely to have had a heart attack.

Demographic Characteristics	Heart Attack <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	4.4	(3.9, 4.9)
<b>Sex</b>		
Male	5.2	(4.4, 6.0)
Female	3.6	(3.1, 4.2)
<b>Race/Ethnicity</b>		
White Non-Hispanic	5.2	(4.6, 5.9)
Black Non-Hispanic	3.1	(2.3, 4.0)
Hispanic	2	(1.1, 3.8)
<b>Age</b>		
18-24 years	0.8	(0.2, 2.4)
25-34 years	0.6	(0.2, 2.1)
35-44 years	1.3	(0.6, 2.5)
45-54 years	4	(3.0, 5.4)
55-64 years	7.6	(6.3, 9.2)
65+ years	13.8	(12.2, 15.6)
<b>Annual Income</b>		
Less than \$15,000	7.9	(6.2, 10.1)
\$15,000-\$24,999	6.9	(5.5, 8.5)
\$25,000-\$34,999	4.2	(3.1, 5.7)
\$35,000-\$49,999	2.7	(2.0, 3.7)
\$50,000-\$74,999	3.1	(2.2, 4.3)
\$75,000 or More	1.7	(1.2, 2.4)
<b>Education</b>		
Less than High School	9.4	(7.5, 11.7)
High School Graduate	4.1	(3.4, 4.9)
Some College	3.1	(2.6, 3.9)
College Graduate	2.5	(2.0, 3.1)
<b>Health Care Coverage</b>		
Has Health Coverage	2.7	(2.3, 3.3)
No Health Coverage	2.7	(1.9, 4.0)

<sup>a</sup> The proportion of adults who had ever been told by a health professional that they had a heart attack or myocardial infarction.



Please Note: The percentage of adults who have had a heart attack in this document include only those who survived the condition.

## Stroke

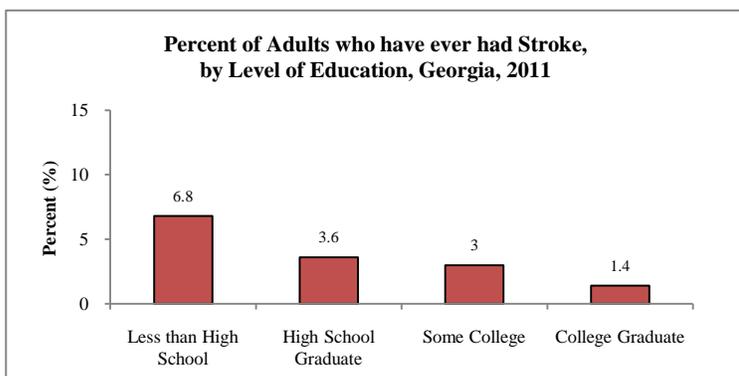
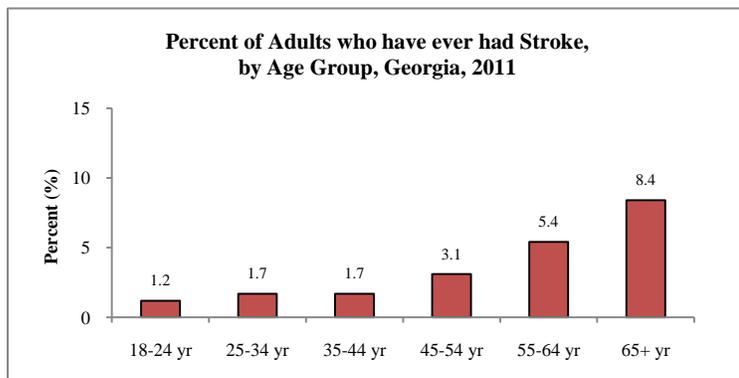
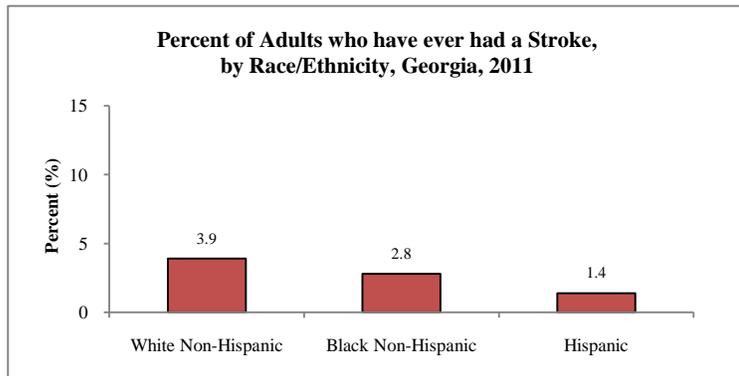
**Stroke** is the result of a blocked artery or a ruptured artery that prevents blood flow to the brain. Stroke is the leading cause of death in the United States and can cause significant disability, such as paralysis, speech difficulties, and emotional problems <sup>9</sup>.

**In 2011, 3.4% of Georgia adults reported ever being told by a health professional that they survived a stroke.**

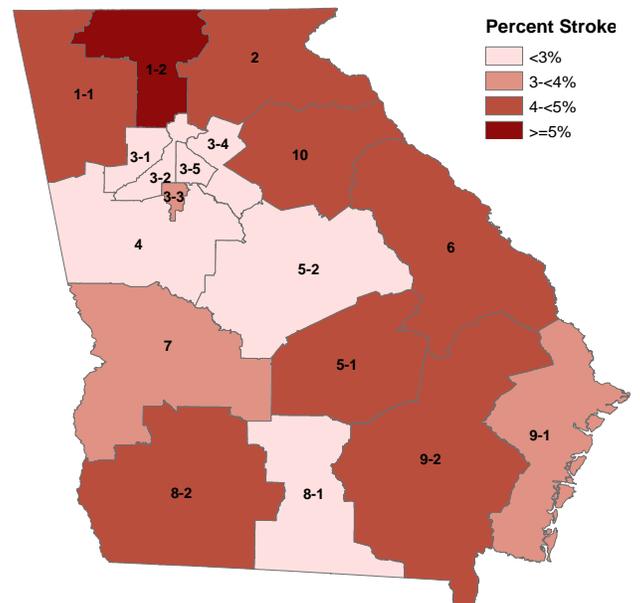
- Non-Hispanic whites (3.9%) were more likely to have ever had a stroke when compared to non-Hispanic blacks (2.8%) and Hispanics (1.4%).
- A significantly higher proportion of Georgia adults aged 65 years and older (8.4%) have ever had a stroke.
- Adults with an annual household income less than \$15,000 (6.6%) were most likely to have ever had a stroke.
- Adults with less than a high school education (6.8%) were significantly more likely to have ever had a stroke compared to high school graduates (3.6%), those with some college (3.0%), and college graduates (1.4%).

Demographic Characteristics	Stroke <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	3.4	(3.0, 3.9)
<b>Sex</b>		
Male	3.5	(2.8, 4.5)
Female	3.3	(2.9, 3.9)
<b>Race/Ethnicity</b>		
White Non-Hispanic	3.9	(3.2, 4.6)
Black Non-Hispanic	2.8	(2.1, 3.7)
Hispanic	1.4	(0.6, 3.0)
<b>Age</b>		
18-24 years	1.2	(0.4, 3.2)
25-34 years	1.7	(0.7, 4.0)
35-44 years	1.7	(1.0, 2.9)
45-54 years	3.1	(2.2, 4.3)
55-64 years	5.4	(4.3, 6.8)
65+ years	8.4	(7.3, 9.8)
<b>Annual Income</b>		
Less than \$15,000	6.6	(4.9, 8.7)
\$15,000-\$24,999	5.8	(4.4, 7.5)
\$25,000-\$34,999	3.7	(2.1, 6.6)
\$35,000-\$49,999	1.6	(1.1, 2.4)
\$50,000-\$74,999	1.5	(1.0, 2.3)
\$75,000 or More	1.1	(0.7, 1.7)
<b>Education</b>		
Less than High School	6.8	(5.2, 9.0)
High School Graduate	3.6	(2.8, 4.7)
Some College	3	(2.4, 3.8)
College Graduate	1.4	(1.0, 1.8)
<b>Health Care Coverage</b>		
Has Health Coverage	2.6	(2.1, 3.3)
No Health Coverage	2.4	(1.5, 3.8)

<sup>a</sup> The proportion of adults who have ever been told by a health professional that they had a stroke.



Percent of Adults who have ever had a Stroke, by Health District, Georgia, 2011



Please Note: The percentage of adults who have had a stroke in this document include only those who survived the condition.

# Angina

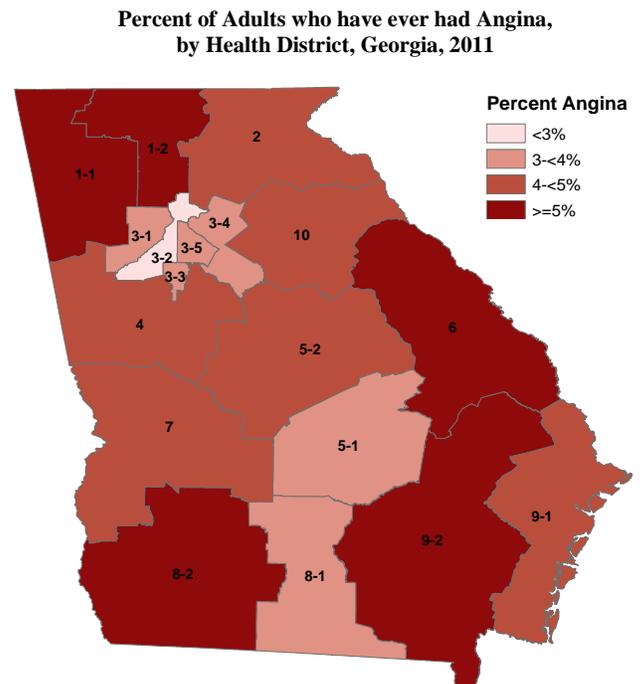
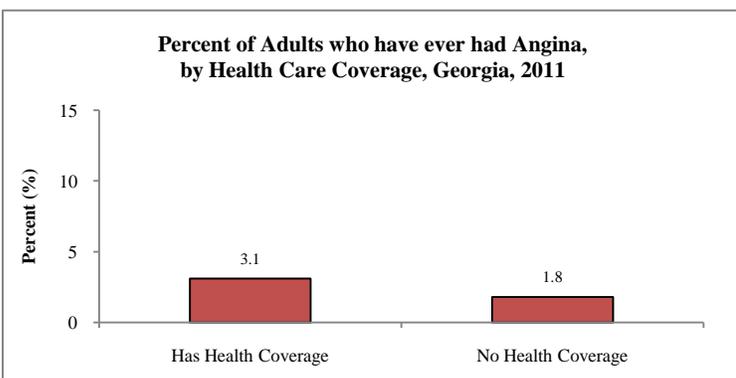
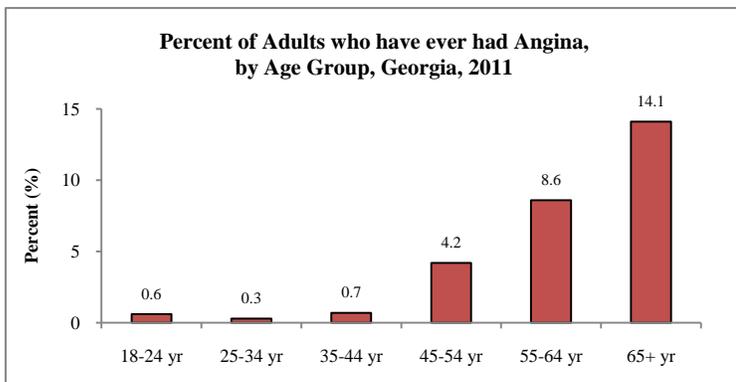
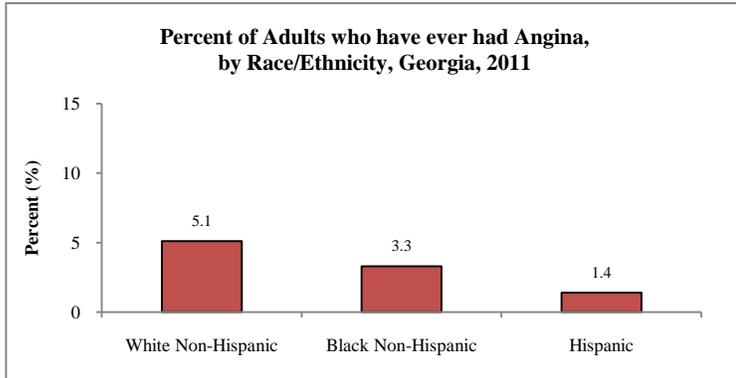
**Angina** is chest pain or discomfort that occurs when the heart muscle is not getting enough blood. Angina may feel like pressure or a squeezing pain in the chest. The pain may also occur in the shoulders, arms, neck, jaw, or back, and it may feel like indigestion<sup>10</sup>.

**In 2011, 4.4% of Georgia adults reported ever being told by a health professional that they have angina or coronary heart disease.**

- Adult males (5.0%) were significantly more likely to have had angina than adult females (3.7%).
- White non-Hispanics (5.1%) were significantly more likely to have had angina compared to black non-Hispanics (3.3%) and Hispanics (1.4%).
- Adults aged 65 years and older were most likely to have had angina (14.1%).
- Adults with health care coverage (3.1%) were significantly more likely to have had angina than those without health care coverage (1.8%).

Demographic Characteristics	Angina <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	4.4	(3.9, 4.8)
<b>Sex</b>		
Male	5	(4.3, 5.8)
Female	3.7	(3.2, 4.3)
<b>Race/Ethnicity</b>		
White Non-Hispanic	5.1	(4.6, 5.8)
Black Non-Hispanic	3.3	(2.6, 4.2)
Hispanic	1.4	(0.7, 3.0)
<b>Age</b>		
18-24 years	0.6	(0.1, 2.2)
25-34 years	0.3	(0.1, 1.4)
35-44 years	0.7	(0.3, 1.6)
45-54 years	4.2	(3.2, 5.5)
55-64 years	8.6	(7.1, 10.3)
65+ years	14.1	(12.5, 15.8)
<b>Annual Income</b>		
Less than \$15,000	6.4	(4.9, 8.3)
\$15,000-\$24,999	6.9	(5.5, 8.5)
\$25,000-\$34,999	4.4	(3.3, 5.9)
\$35,000-\$49,999	3.5	(2.6, 4.6)
\$50,000-\$74,999	3	(2.2, 4.1)
\$75,000 or More	2.3	(1.8, 3.0)
<b>Education</b>		
Less than High School	7.6	(5.9, 9.6)
High School Graduate	4.3	(3.6, 5.1)
Some College	3.7	(3.1, 4.5)
College Graduate	2.9	(2.3, 3.5)
<b>Health Care Coverage</b>		
Has Health Coverage	3.1	(2.6, 3.7)
No Health Coverage	1.8	(1.2, 2.6)

<sup>a</sup> The proportion of adults who had ever been told by a health professional that they had angina or coronary heart disease.



# Obesity

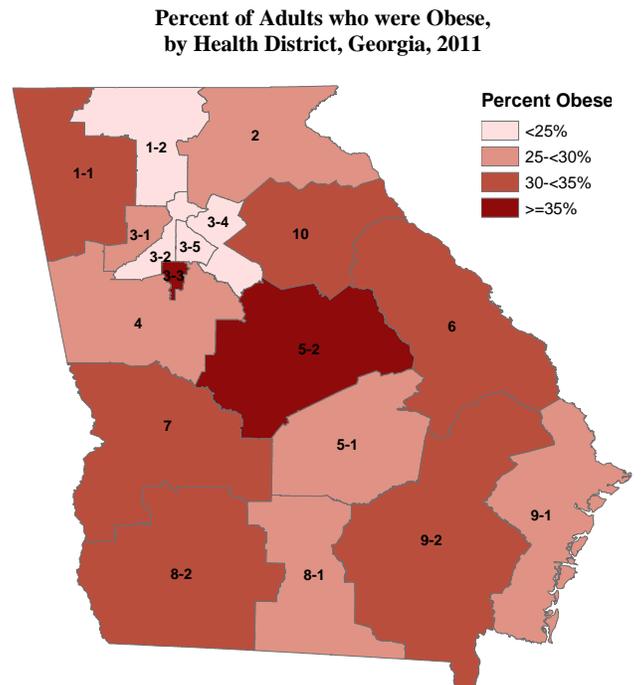
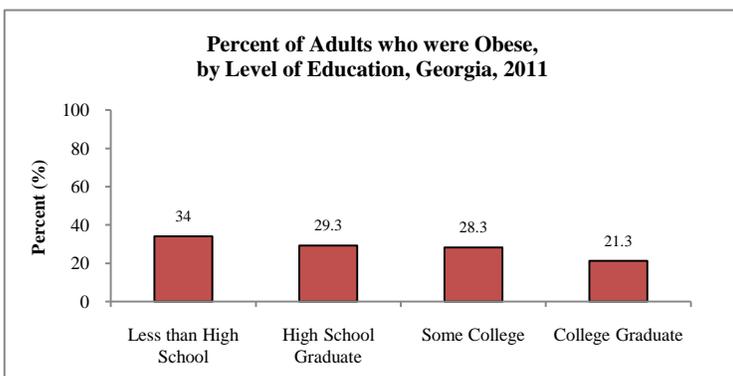
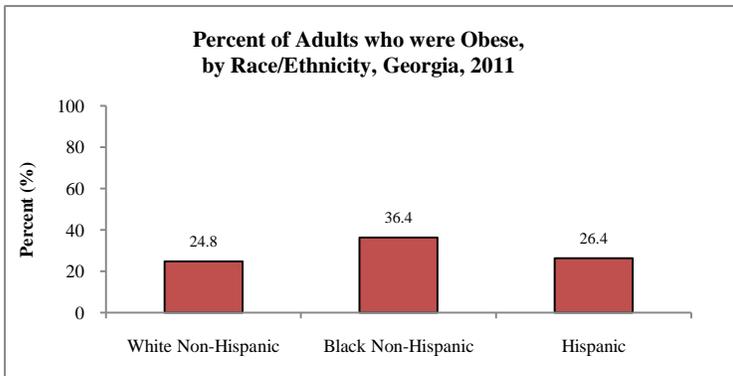
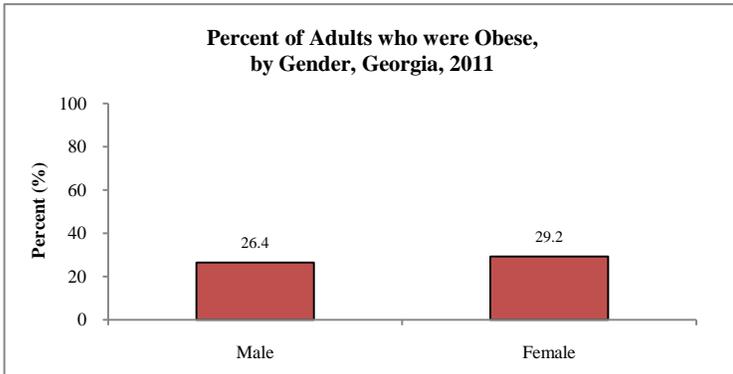
In adults, **obesity** is defined as having a body mass index (BMI) greater than or equal to 30.0 kg/m<sup>2</sup>. Obesity increases the risk of developing high blood pressure, diabetes, coronary heart disease, stroke, high cholesterol, gallbladder disease and some types of cancers <sup>11</sup>.

**In 2011, 27.8% of Georgia adults were obese.**

- Adult females (29.2%) were significantly more likely to be obese than males (26.4%).
- Non-Hispanic blacks (36.4%) were significantly more likely to be obese compared to non-Hispanic whites (24.8%) and Hispanics (26.4%).
- Adults with an annual household income of less than \$15,000 (34.3%) were most likely to be obese compared to those with an annual household income of \$15,000 or more.
- Adults with less than a high school education (34.0%) were significantly more likely to be obese compared to adults with some college (28.3%) and college graduates (21.3%).

Demographic Characteristics	Obese <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	27.8	(26.5, 29.2)
<b>Sex</b>		
Male	26.4	(24.3, 28.5)
Female	29.2	(27.5, 31.0)
<b>Race/Ethnicity</b>		
White Non-Hispanic	24.8	(23.3, 26.4)
Black Non-Hispanic	36.4	(33.4, 39.6)
Hispanic	26.4	(20.5, 33.2)
<b>Age</b>		
18-24 years	15.2	(11.4, 20.1)
25-34 years	25.8	(22.2, 29.8)
35-44 years	29.7	(26.5, 33.1)
45-54 years	33.6	(30.9, 36.5)
55-64 years	34.4	(31.9, 37.0)
65+ years	25.4	(23.4, 27.4)
<b>Annual Income</b>		
Less than \$15,000	34.3	(30.1, 38.8)
\$15,000-\$24,999	32.3	(28.8, 35.9)
\$25,000-\$34,999	28.9	(24.8, 33.3)
\$35,000-\$49,999	27.1	(23.5, 31.0)
\$50,000-\$74,999	31.1	(27.5, 34.9)
\$75,000 or More	21.3	(19.0, 23.7)
<b>Education</b>		
Less than High School	34	(30.0, 38.4)
High School Graduate	29.3	(26.8, 31.9)
Some College	28.3	(25.8, 30.9)
College Graduate	21.3	(19.4, 23.3)
<b>Health Care Coverage</b>		
Has Health Coverage	28.4	(26.8, 30.2)
No Health Coverage	28.1	(24.8, 31.7)

<sup>a</sup>The proportion of adults whose BMI was greater than or equal to 30.0 kg/m<sup>2</sup>.  
Note: Body mass index, BMI, is defined as weight (kg) divided by height (m) squared.

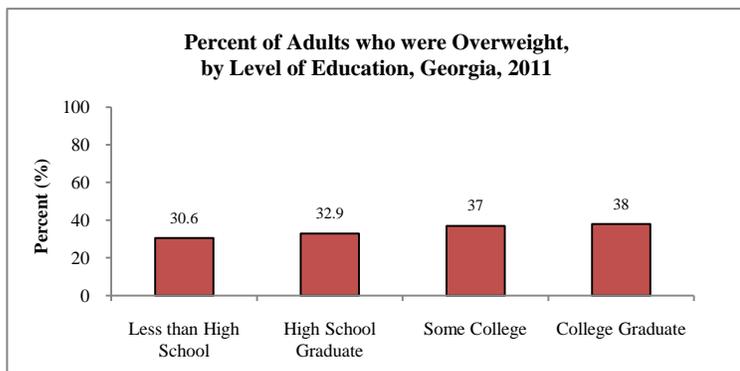
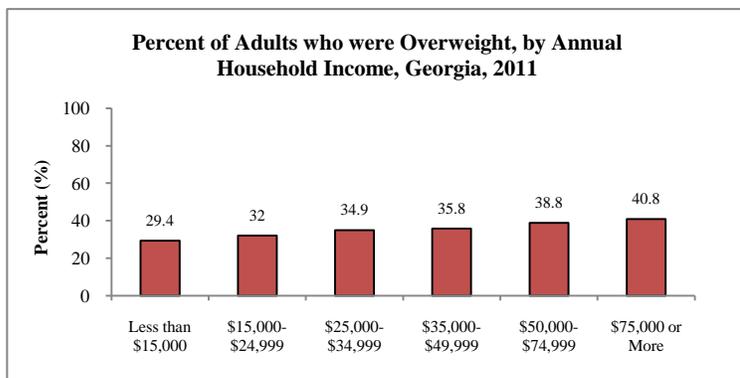
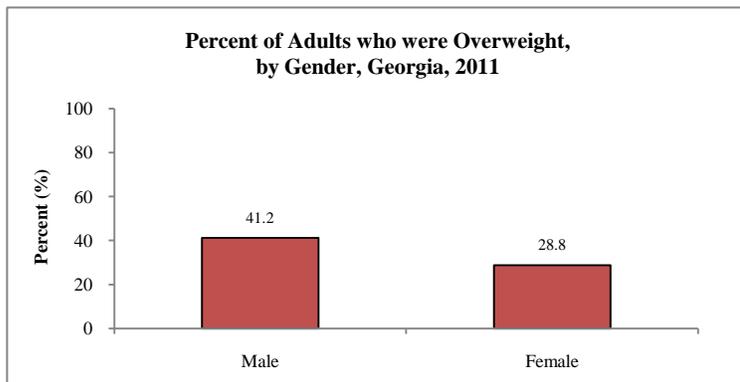


# Overweight

In adults, **overweight** is defined as having a body mass index (BMI) between 25.0 and 29.9 kg/m<sup>2</sup>. Being overweight increases the risk of poor health outcomes such as coronary heart disease, type II diabetes, high blood pressure, stroke, liver and gallbladder disease <sup>12</sup>.

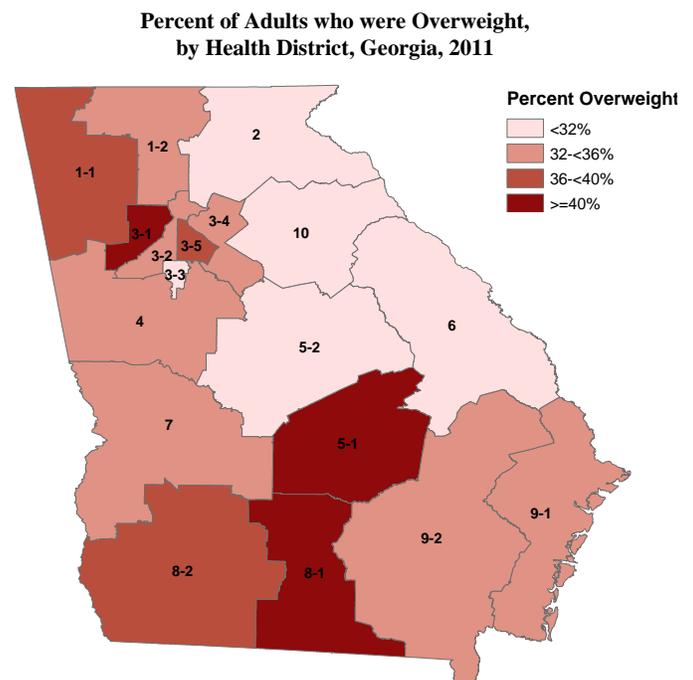
**In 2011, 34.9% of Georgia adults were overweight.**

- Adult males (41.2%) were significantly more likely to be overweight than females (28.8%).
- Hispanics (39.2%) were more likely to be overweight compared to white non-Hispanics (34.7%) and black non-Hispanics (35.3%).
- Adults with an annual household income of \$75,000 or more (40.8%) were most likely to be overweight compared to adults with an annual household income less than \$75,000.
- Adults who were college graduates (38.0%) were significantly more likely to be overweight compared to adults with less than a high school education (30.6%).



Demographic Characteristics	Overweight <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	34.9	(33.5, 36.4)
<b>Sex</b>		
Male	41.2	(38.8, 43.6)
Female	28.8	(27.1, 30.5)
<b>Race/Ethnicity</b>		
White Non-Hispanic	34.7	(33.0, 36.4)
Black Non-Hispanic	35.3	(32.2, 38.5)
Hispanic	39.2	(32.0, 46.8)
<b>Age</b>		
18-24 years	22.6	(17.9, 28.1)
25-34 years	34.4	(30.4, 38.6)
35-44 years	38	(34.5, 41.6)
45-54 years	37	(34.1, 40.0)
55-64 years	37.2	(34.6, 39.8)
65+ years	37.8	(35.6, 40.1)
<b>Annual Income</b>		
Less than \$15,000	29.4	(25.1, 34.1)
\$15,000-\$24,999	32	(28.5, 35.7)
\$25,000-\$34,999	34.9	(30.7, 39.4)
\$35,000-\$49,999	35.8	(31.8, 40.0)
\$50,000-\$74,999	38.8	(34.9, 42.8)
\$75,000 or More	40.8	(37.9, 43.8)
<b>Education</b>		
Less than High School	30.6	(26.6, 34.9)
High School Graduate	32.9	(30.3, 35.6)
Some College	37	(34.2, 39.9)
College Graduate	38	(35.7, 40.4)
<b>Health Care Coverage</b>		
Has Health Coverage	34.6	(32.9, 36.5)
No Health Coverage	34.2	(30.5, 38.1)

<sup>a</sup> The proportion of adults whose BMI was between 25.0 and 29.9 kg/m<sup>2</sup>.  
Note: Body mass index, BMI, is defined as weight (kg) divided by height (m) squared.



# Adequate Physical Activity

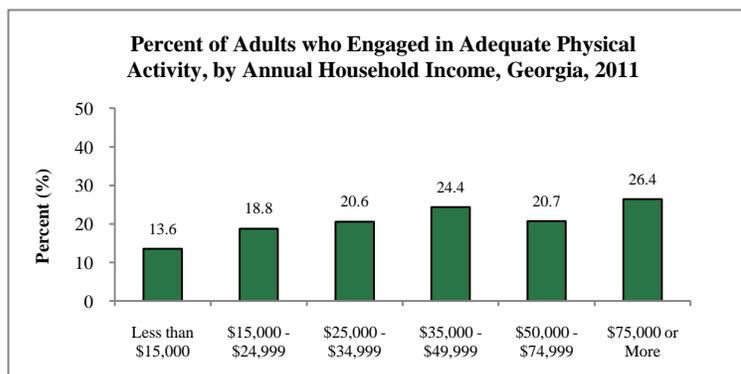
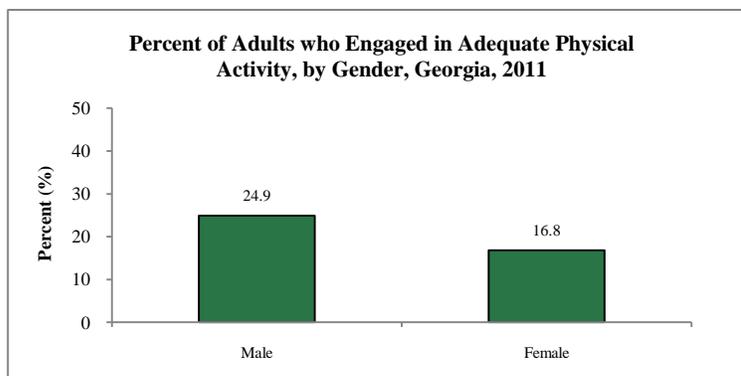
**Adequate physical activity** can lower the risk of chronic disease or falls and fractures, helps maintain healthy body weight, and enhances quality of life. The U.S. Department of Health and Human Services recommends that adults aged 18-64 years participate in either moderate physical activities for at least 150 minutes per week, vigorous physical activities for at least 75 minutes per week, or equivalent combination of both and participate in muscle strengthening activities on two or more days per week<sup>13</sup>.

**In 2011, 20.7% of Georgia adults currently meet both the aerobic and muscle strengthening components of the physical activity recommendations.**

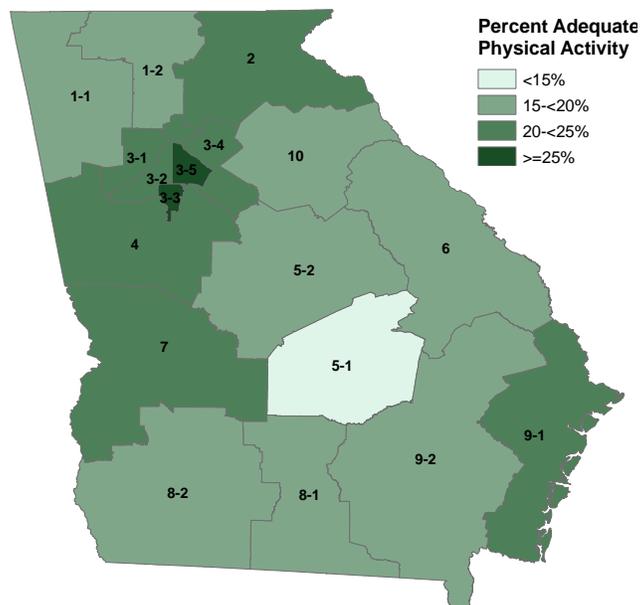
- Adult males (24.9%) were significantly more likely than females (16.8%) to engage in adequate physical activity.
- Black non-Hispanic adults (25.8%) were significantly more likely to engage in adequate physical activity compared to white non-Hispanic (19.3%) and Hispanic (11.3%) adults.
- The proportion of adults who engaged in adequate physical activity decreased as age increased.
- Adults with an annual household income of \$75,000 or more (26.4%) were more likely to engage in adequate physical activity compared to adults in other household income levels.
- Adults with a less than high school education (11.4%) were significantly less likely to engage in adequate physical activity compared to adults with some college (22.6%) and college graduates (29.0%).
- Adults with health care coverage (23.2%) were more likely to engage in adequate physical activity compared to adults without health care coverage (18.4%).

Demographic Characteristics	Meeting Recommendation <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	20.7	(19.4, 22.1)
<b>Sex</b>		
Male	24.9	(22.7, 27.3)
Female	16.8	(15.3, 18.3)
<b>Race/Ethnicity</b>		
White Non-Hispanic	19.2	(17.8, 20.8)
Black Non-Hispanic	25.8	(22.7, 29.1)
Hispanic	11.3	(7.8, 16.2)
<b>Age</b>		
18-24 years	29.6	(24.1, 35.7)
25-34 years	25.7	(22.1, 29.8)
35-44 years	20.8	(18.0, 24.0)
45-54 years	18.7	(16.4, 21.1)
55-64 years	16.1	(14.3, 18.2)
65+ years	13.2	(11.6, 14.8)
<b>Annual Income</b>		
Less than \$15,000	13.6	(10.2, 18.0)
\$15,000-\$24,999	18.8	(15.7, 22.4)
\$25,000-\$34,999	20.6	(16.5, 25.4)
\$35,000-\$49,999	24.4	(20.3, 29.0)
\$50,000-\$74,999	20.7	(17.5, 24.3)
\$75,000 or More	26.4	(23.9, 29.2)
<b>Education</b>		
Less than High School	11.4	(8.4, 15.3)
High School Graduate	17.2	(14.8, 19.8)
Some College	22.6	(20.0, 25.5)
College Graduate	29	(26.8, 31.4)
<b>Health Care Coverage</b>		
Has Health Coverage	23.2	(21.5, 25.0)
No Health Coverage	18.4	(15.4, 21.9)

<sup>a</sup> The proportion of adults who currently meet both the aerobic and muscle strengthening components of the physical activity recommendations



Percent of Adults who Engaged in Adequate Physical Activity, by Health District, Georgia, 2011

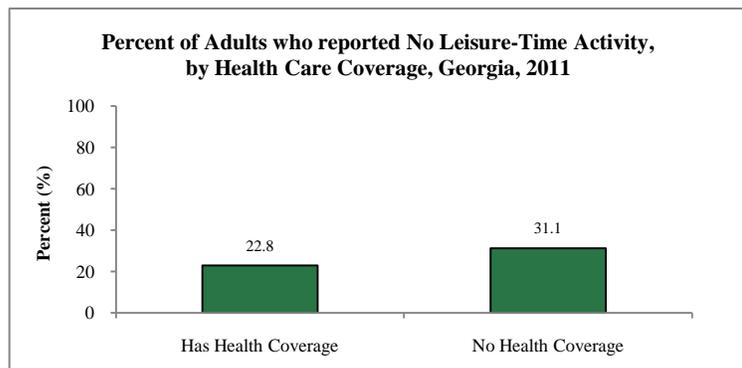
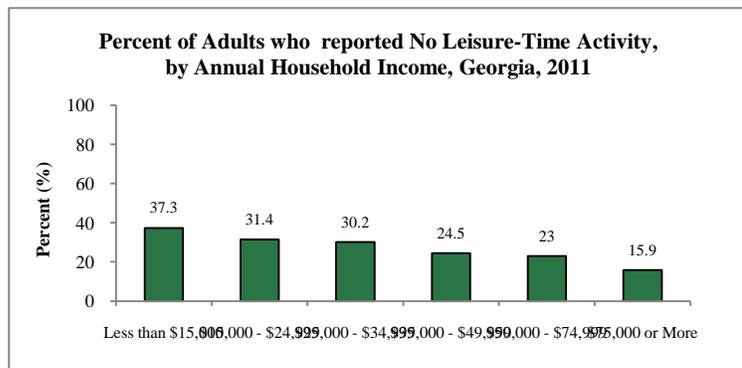
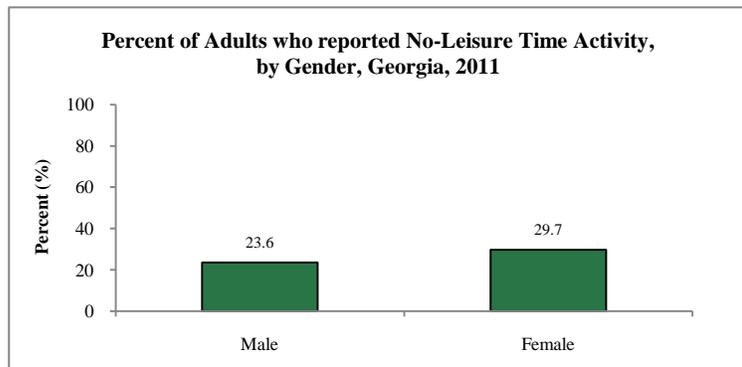


# No Leisure Time Physical Activity

**Leisure time physical activity** helps improve overall health and fitness, and reduces risk for many chronic diseases such as diabetes, cardiovascular disease, and osteoporosis. Regular physical activity also helps to maintain body weight, reduces symptoms of anxiety and depression, and enhances quality of life<sup>14</sup>. Physical inactivity is defined as not participating in physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during leisure time within the past month.

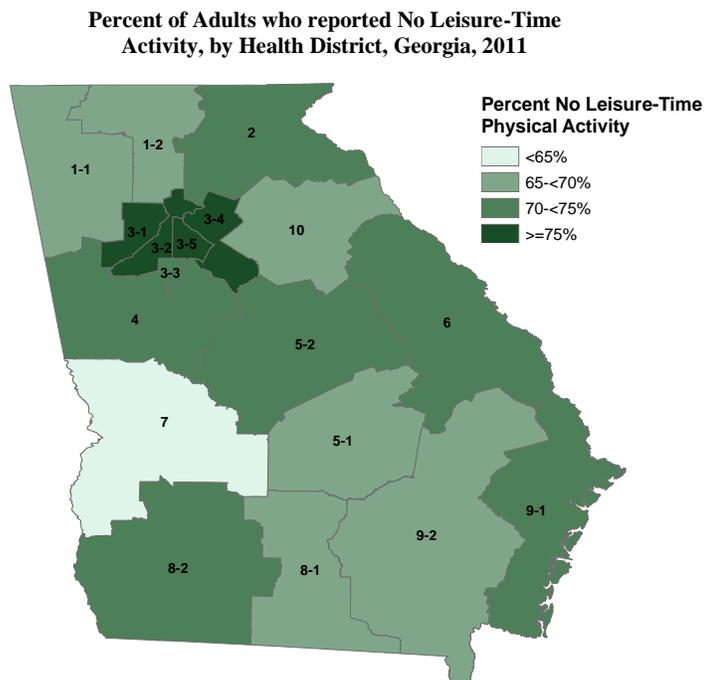
**In 2011, 26.7% of Georgia adults were physically inactive during their leisure time within the past month.**

- Adult females (29.7%) were significantly more likely than males (23.6%) to be physically inactive.
- Adults with an income of less than \$15,000 (37.3%) were significantly most likely to be physically inactive.
- Adults with a less than high school education (40.6%) were significantly more likely to be physically inactive compared to college graduates (15%).
- Adults with health care coverage (22.8%) were less likely to be physically inactive compared to adults without health care coverage (31.1%).



Demographic Characteristics	No Leisure Time Physical Activity <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	26.7	(25.4, 28.1)
<b>Sex</b>		
Male	23.6	(21.6, 25.8)
Female	29.7	(27.9, 31.4)
<b>Race/Ethnicity</b>		
White Non-Hispanic	25.5	(24.0, 27.1)
Black Non-Hispanic	28.2	(25.3, 31.2)
Hispanic	31.2	(24.9, 38.4)
<b>Age</b>		
18-24 years	19.2	(14.8, 24.6)
25-34 years	22.5	(18.9, 26.4)
35-44 years	26.2	(23.0, 29.6)
45-54 years	28	(25.4, 30.9)
55-64 years	28.6	(26.2, 31.1)
65+ years	36.4	(34.2, 38.7)
<b>Annual Income</b>		
Less than \$15,000	37.3	(32.7, 42.1)
\$15,000-\$24,999	31.4	(28.0, 35.0)
\$25,000-\$34,999	30.2	(26.1, 34.6)
\$35,000-\$49,999	24.5	(21.4, 28.0)
\$50,000-\$74,999	23	(19.5, 26.8)
\$75,000 or More	15.9	(13.8, 18.2)
<b>Education</b>		
Less than High School	40.6	(36.2, 45.1)
High School Graduate	31.8	(29.1, 34.5)
Some College	23	(20.8, 25.4)
College Graduate	15	(13.4, 16.7)
<b>Health Care Coverage</b>		
Has Health Coverage	22.8	(21.2, 24.4)
No Health Coverage	31.1	(27.6, 34.9)

<sup>a</sup> The proportion of adults who reported not participating in any leisure-time physical activities or exercises during the past month.



# Seatbelt Use

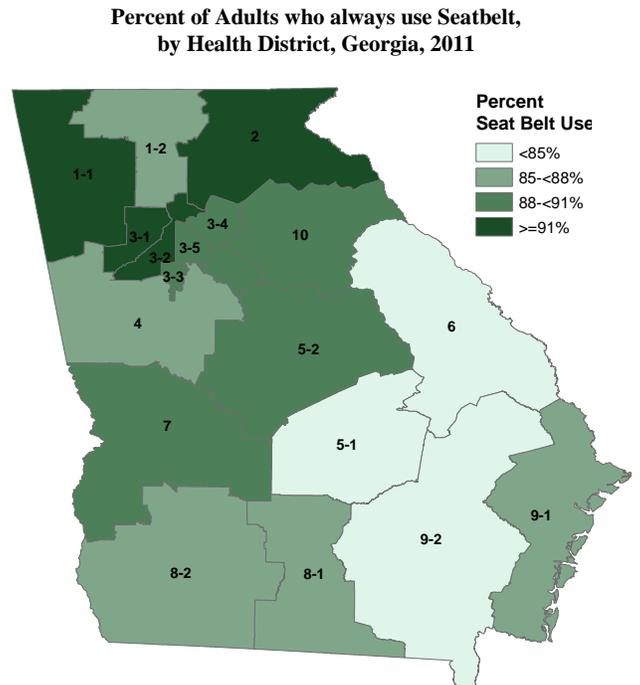
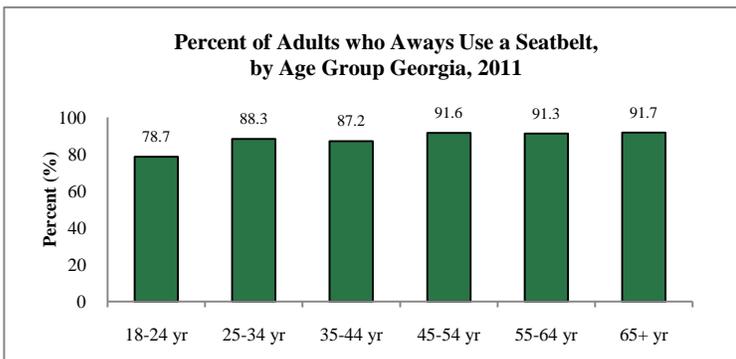
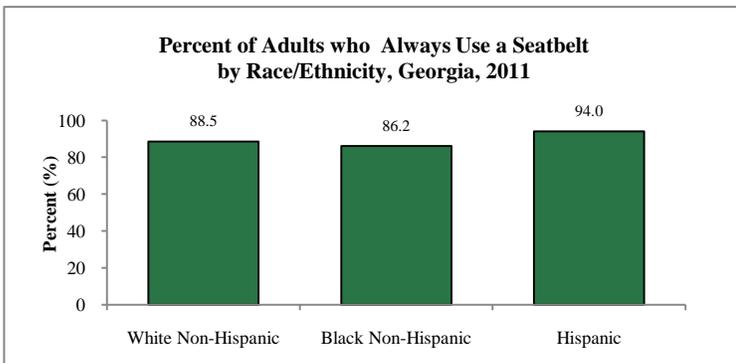
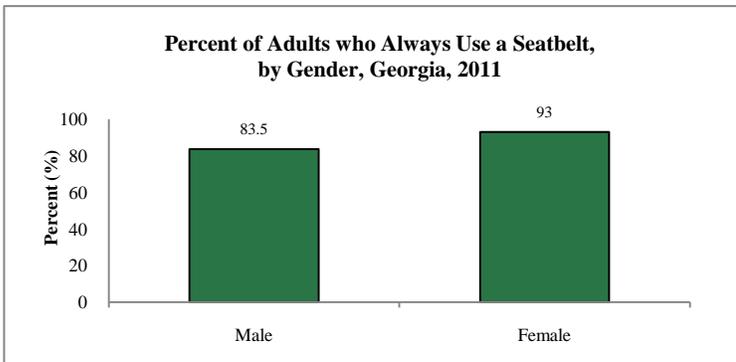
**Seatbelt use** reduces serious injuries and deaths in motor vehicle crashes by 50%<sup>15</sup>. In 2009, about 12,000 more injuries would have been prevented and about 450 more lives saved if all states had primary enforcement seat belt laws<sup>15</sup>. Georgia's seat belt law states that while the passenger vehicle is being operated on a public road, street or highway, each occupant in the front seat of a passenger vehicle should be restrained by a safety seat belt approved under federal motor vehicle safety standard 208<sup>16</sup>.

**In 2011, 88.4% of Georgia adults reported always using a seatbelt when they are driving or riding in a car.**

- Females (93%) were significantly more likely to always use a seatbelt than males (83.5%).
- Hispanics (94%) were significantly more likely to always use a seatbelt compared to non-Hispanic whites (88.5%) and non-Hispanic blacks (86.2%).
- Adults aged 18-24 years (78.7%) were significantly least likely to always use a seatbelt.
- Adults who are college graduates (91%) were more likely to always use a seatbelt compared to adults with less than a high school education (86.8%).

Demographic Characteristics	Always use a Seatbelt <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	88.4	(87.2, 89.4)
<b>Sex</b>		
Male	83.5	(81.4, 85.4)
Female	93	(91.8, 94.0)
<b>Race/Ethnicity</b>		
White Non-Hispanic	88.5	(87.1, 89.7)
Black Non-Hispanic	86.2	(83.4, 88.7)
Hispanic	94	(89.1, 96.8)
<b>Age</b>		
18-24 years	78.7	(73.0, 83.4)
25-34 years	88.3	(85.2, 90.8)
35-44 years	87.2	(84.3, 89.7)
45-54 years	91.6	(89.6, 93.2)
55-64 years	91.3	(89.7, 92.6)
65+ years	91.7	(90.3, 92.9)
<b>Annual Income</b>		
Less than \$15,000	86.7	(82.7, 89.9)
\$15,000-\$24,999	87.9	(84.9, 90.3)
\$25,000-\$34,999	87.8	(83.9, 90.8)
\$35,000-\$49,999	90.1	(87.2, 92.4)
\$50,000-\$74,999	88.2	(84.9, 90.9)
\$75,000 or More	91.3	(89.3, 93.0)
<b>Education</b>		
Less than High School	86.8	(82.7, 90.0)
High School Graduate	87.5	(85.3, 89.5)
Some College	87.8	(85.4, 89.8)
College Graduate	91	(89.4, 92.4)
<b>Health Care Coverage</b>		
Has Health Coverage	88.9	(87.5, 90.2)
No Health Coverage	85	(81.7, 87.8)

<sup>a</sup> The proportion of adults who always use a seatbelt while driving or riding in a car.



# Smoking

**Cigarette smoking** is one of the leading causes of preventable deaths in the United States<sup>17</sup>. Smoking is associated with deaths related to cancer, respiratory diseases, and cardiovascular diseases<sup>18</sup>. About 10.1% of deaths among Georgia adults are linked to smoking<sup>18</sup>.

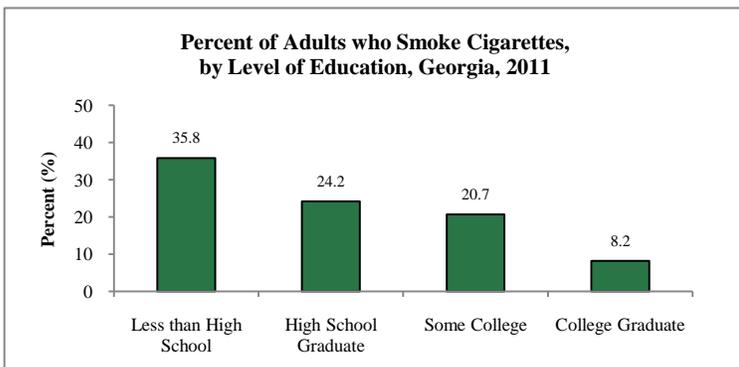
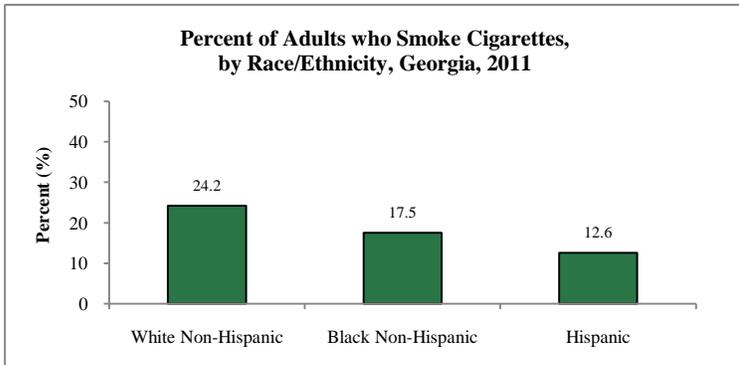
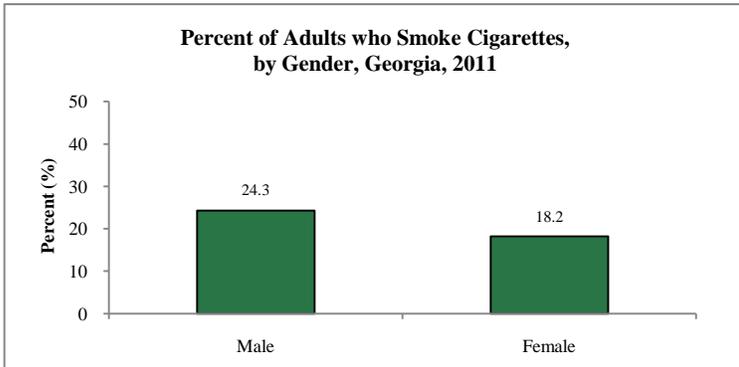
**In 2011, 21.2% of Georgia adults were current cigarette smokers and 22.1% were former smokers.**

- Adult males (24.3%) were significantly more likely to currently smoke cigarettes than females (18.2%).
- Non-Hispanic whites (24.2%) were significantly most likely to be current smokers.
- Adults with less than a high school education (35.8%) were significantly more likely to currently smoke cigarettes compared to high school graduates (24.2%), those with some college (20.7%), and college graduates (8.2%).
- Adults with health insurance (17.7%) were significantly less likely to currently smoke compared to adults without health insurance (36.4%).

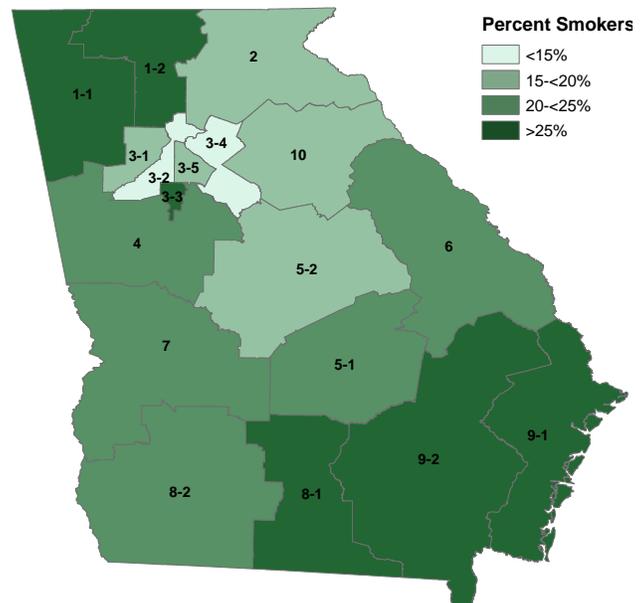
Demographic Characteristics	Current Smoker <sup>a</sup>		Former Smoker <sup>b</sup>	
	%	95% CI	%	95% CI
<b>State Totals</b>	21.2	(19.9, 22.6)	22.1	(21.0, 23.3)
<b>Sex</b>				
Male	24.3	(22.2, 26.6)	25.5	(23.6, 27.5)
Female	18.2	(16.8, 19.8)	18.9	(17.6, 20.3)
<b>Race/Ethnicity</b>				
White Non-Hispanic	24.2	(22.6, 26.0)	25.8	(24.3, 27.3)
Black Non-Hispanic	17.5	(15.0, 20.2)	16.9	(14.7, 19.3)
Hispanic	12.6	(8.6, 18.1)	17.6	(13.0, 23.4)
<b>Age</b>				
18-24 years	25	(20.1, 30.6)	6.5	(4.2, 9.9)
25-34 years	24.4	(20.9, 28.3)	19.9	(16.6, 23.6)
35-44 years	22.7	(19.6, 26.1)	14.8	(12.5, 17.6)
45-54 years	24.1	(21.6, 26.8)	23.2	(20.8, 25.9)
55-64 years	18.8	(16.8, 21.0)	32.1	(29.6, 34.6)
65+ years	10.8	(9.4, 12.4)	38	(35.8, 40.2)
<b>Annual Income</b>				
Less than \$15,000	35.1	(30.5, 40.0)	18.8	(15.5, 22.5)
\$15,000-\$24,999	29.1	(25.7, 32.6)	20.3	(17.5, 23.4)
\$25,000-\$34,999	25.7	(21.8, 30.1)	23.9	(20.3, 27.8)
\$35,000-\$49,999	19.2	(16.0, 22.8)	23.9	(20.6, 27.5)
\$50,000-\$74,999	14.8	(11.9, 18.2)	24.6	(21.4, 28.2)
\$75,000 or More	8.2	(6.6, 10.0)	23.4	(21.1, 25.8)
<b>Education</b>				
Less than High School	35.8	(31.5, 40.4)	20.7	(17.6, 24.2)
High School Graduate	24.2	(21.8, 26.7)	22.9	(20.7, 25.3)
Some College	20.7	(18.4, 23.1)	23.5	(21.2, 25.8)
College Graduate	8.2	(7.0, 9.6)	20.7	(18.9, 22.5)
<b>Health Care Coverage</b>				
Has Health Coverage	17.7	(16.3, 19.2)	21.4	(20.0, 23.0)
No Health Coverage	36.4	(32.7, 40.2)	14.7	(12.3, 17.4)

<sup>a</sup> The proportion of adults who reported that they had smoked at least 100 cigarettes (5 packs) in their life and they currently smoke cigarettes, either every day or on some days.

<sup>b</sup> The proportion of adults who reported that they had smoked at least 100 cigarettes (5 packs) in their life but do not currently smoke.



Percent of Adults who currently Smoke Cigarettes, by Health District, Georgia, 2011



# Smokeless Tobacco

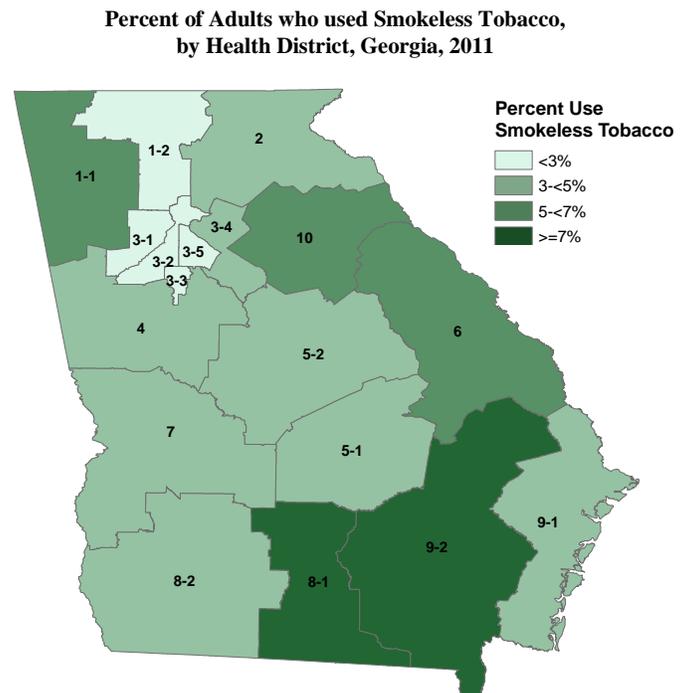
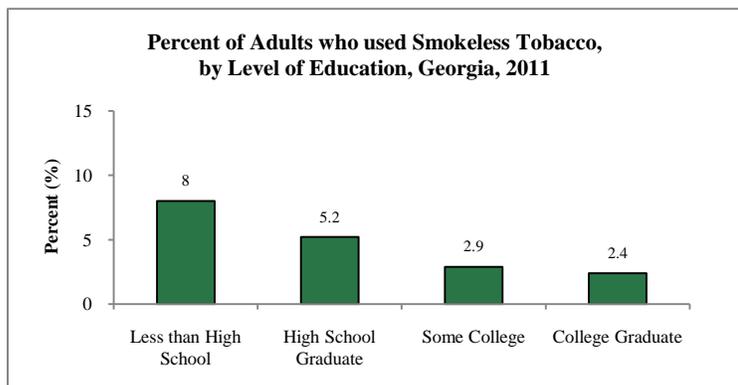
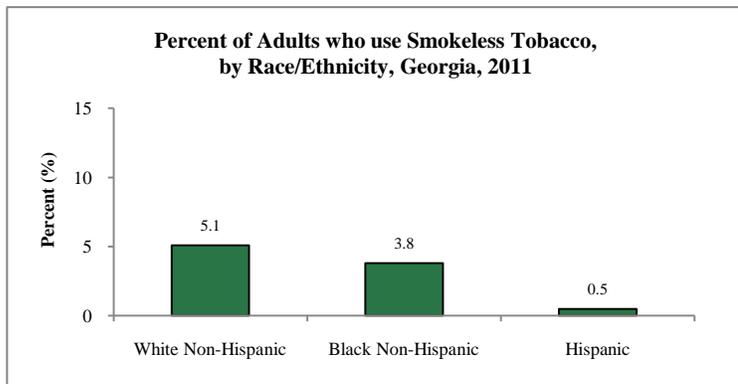
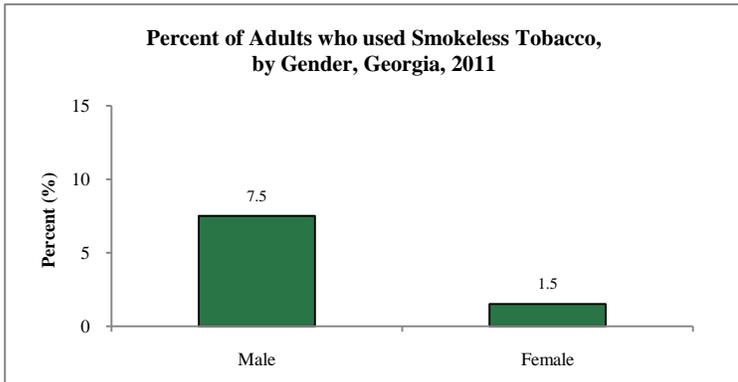
**Smokeless tobacco** is known to cause cancer of the oral cavity and pancreas, and should not be considered a safe substitute for smoking cigarettes<sup>19</sup>. The main types of smokeless tobacco sold in the United States are chewing tobacco, snuff, and snus.

**In 2011, 4.4% of Georgia adults reported using smokeless tobacco.**

- Adult males (7.5%) were significantly more likely to use smokeless tobacco compared to females (1.5%).
- Non-Hispanic whites (5.1%) were more likely to use smokeless tobacco when compared to non-Hispanic blacks (3.8%) and Hispanics (0.5%).
- A higher proportion of adults with an annual household income of less than \$15,000 (5.5%) use smokeless tobacco.
- Adults with less than high school education (8.0%) were significantly more likely to use smokeless tobacco compared to college graduates (2.4%).

Demographic Characteristics	Smokeless Tobacco Use <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	4.4	(3.8, 5.1)
<b>Sex</b>		
Male	7.5	(6.3, 8.9)
Female	1.5	(1.1, 2.0)
<b>Race/Ethnicity</b>		
White Non-Hispanic	5.1	(4.3, 6.2)
Black Non-Hispanic	3.8	(2.6, 5.3)
Hispanic	0.5	(0.2, 1.6)
<b>Age</b>		
18-24 years	5.8	(3.5, 9.4)
25-34 years	4.3	(2.7, 6.6)
35-44 years	4.6	(3.3, 6.3)
45-54 years	4.4	(3.1, 6.0)
55-64 years	3.6	(2.7, 4.8)
65+ years	4	(3.1, 5.2)
<b>Annual Income</b>		
Less than \$15,000	5.5	(3.6, 8.2)
\$15,000-\$24,999	5.2	(3.6, 7.4)
\$25,000-\$34,999	4.5	(3.0, 6.7)
\$35,000-\$49,999	3	(1.8, 5.1)
\$50,000-\$74,999	3.3	(2.2, 4.9)
\$75,000 or More	3.2	(2.2, 4.6)
<b>Education</b>		
Less than High School	8	(5.9, 10.6)
High School Graduate	5.2	(4.0, 6.8)
Some College	2.9	(2.0, 4.3)
College Graduate	2.4	(1.8, 3.3)
<b>Health Care Coverage</b>		
Has Health Coverage	4.4	(3.6, 5.4)
No Health Coverage	4.6	(3.2, 6.6)

<sup>a</sup> The proportion of adults who reported that they currently use chewing tobacco, snuff or snus, either every day or on some days.



# Binge Drinking

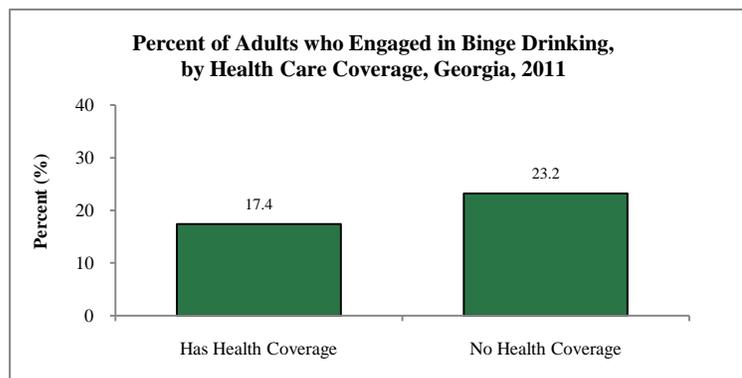
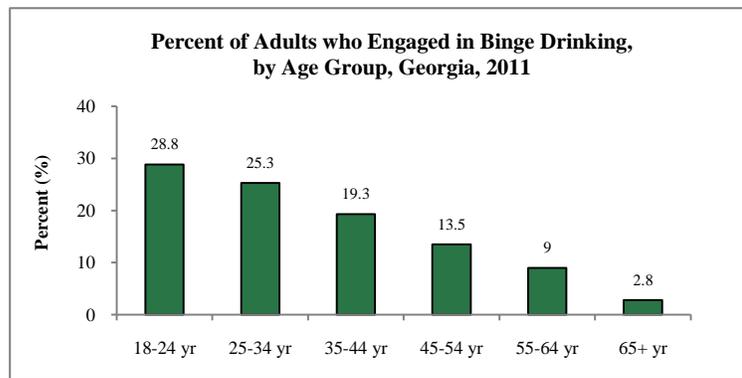
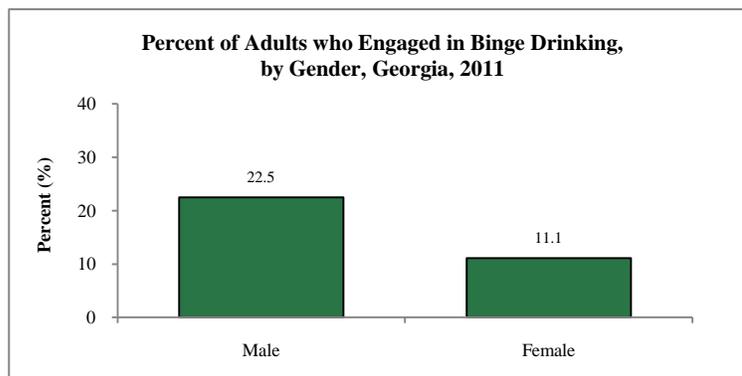
**Binge drinking** is linked to unintentional injuries (falls, car crashes), intentional injuries (sexual assault, domestic violence), alcohol poisoning, liver disease, and neurological damage<sup>20</sup>. Binge drinking is defined as consuming five or more drinks per occasion for men or four or more drinks per occasion for women in the previous month.

## In 2011, 16.6% of Georgia adults engaged in binge drinking.

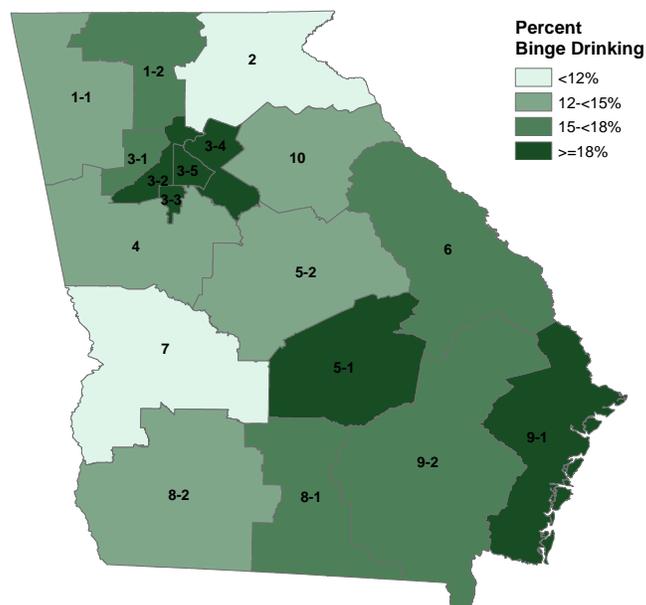
- Adult males (22.5%) were significantly more likely than females (11.1%) to engage in binge drinking.
- More young adults aged 18-24 years (28.8%) and 25-34 years (25.3%) reported binge drinking.
- Adults with an annual household income of \$75,000 or more (19.2%) were the most likely to engage in binge drinking.
- Adults without health care coverage (23.2%) were more likely to engage in binge drinking compared to adults with health care coverage (17.4%).

Demographic Characteristics	Binge Drinking <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	16.6	(15.3, 18.0)
<b>Sex</b>		
Male	22.5	(20.3, 24.9)
Female	11.1	(9.7, 12.5)
<b>Race/Ethnicity</b>		
White Non-Hispanic	17.5	(15.9, 19.2)
Black Non-Hispanic	13.3	(10.9, 16.2)
Hispanic	21.4	(15.7, 28.5)
<b>Age</b>		
18-24 years	28.8	(23.4, 34.9)
25-34 years	25.3	(21.5, 29.6)
35-44 years	19.3	(16.5, 22.4)
45-54 years	13.5	(11.4, 15.9)
55-64 years	9	(7.5, 10.8)
65+ years	2.8	(2.2, 3.7)
<b>Annual Income</b>		
Less than \$15,000	19	(14.7, 24.1)
\$15,000-\$24,999	17.4	(14.2, 21.0)
\$25,000-\$34,999	13	(9.8, 17.0)
\$35,000-\$49,999	13.5	(10.3, 17.6)
\$50,000-\$74,999	15	(12.1, 18.4)
\$75,000 or More	19.2	(16.7, 22.0)
<b>Education</b>		
Less than High School	17.8	(14.0, 22.5)
High School Graduate	15.7	(13.3, 18.4)
Some College	17	(14.6, 19.6)
College Graduate	16.6	(14.6, 18.7)
<b>Health Care Coverage</b>		
Has Health Coverage	17.4	(15.8, 19.1)
No Health Coverage	23.2	(19.8, 27.0)

<sup>a</sup>The proportion of adults who reported drinking 5 or more drinks for men or 4 or more drinks for women per occasion at least once in the previous month.



Percent of Adults who Engaged in Binge Drinking, by Health District, Georgia, 2011



# Heavy Drinking

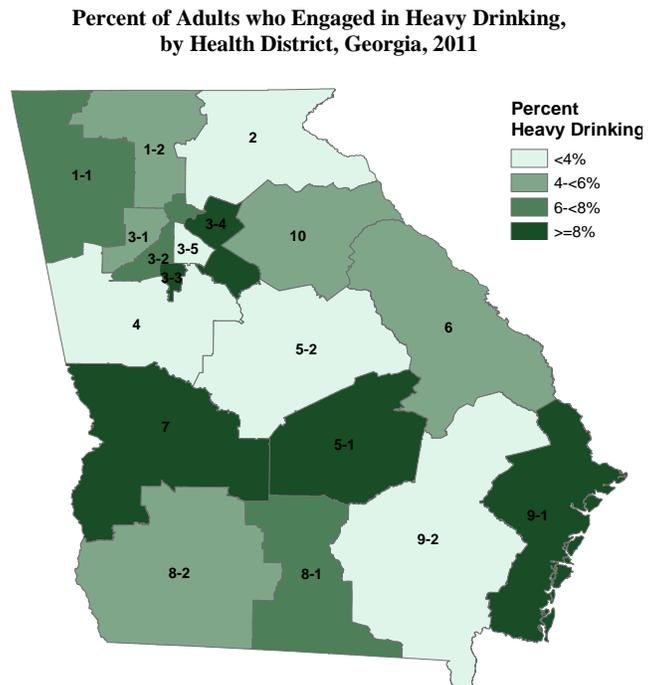
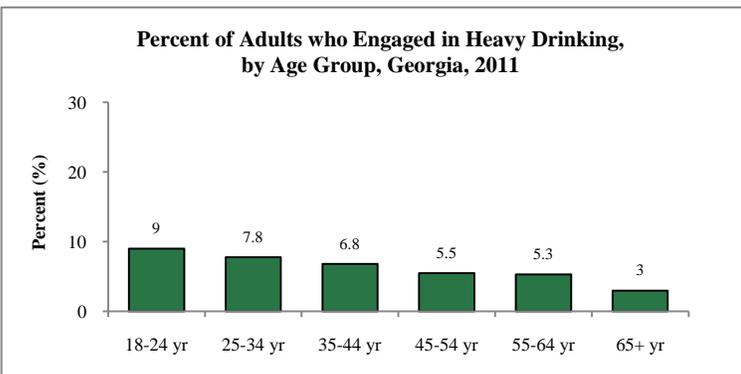
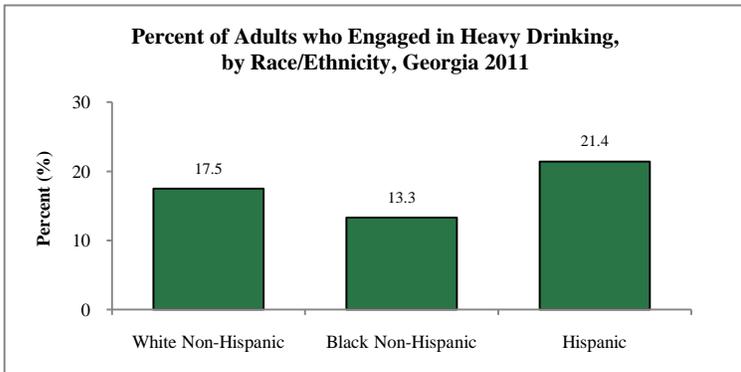
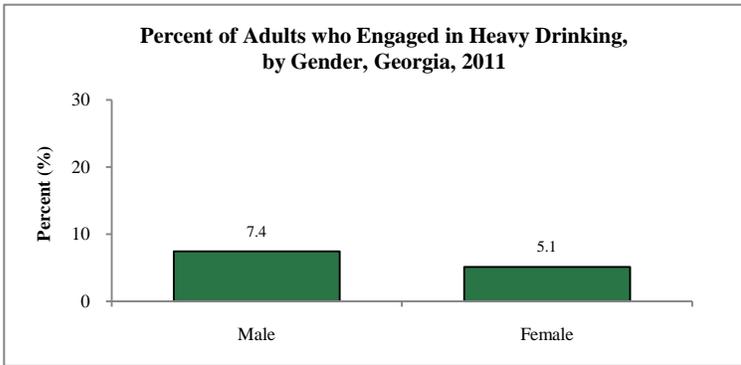
**Heavy drinking** is defined as consuming more than two drinks per day for males and more than one drink per day for females. Excessive alcohol use is the third leading lifestyle-related cause of death in the United States and has been associated with cirrhosis of the liver, high blood pressure, stroke, and can increase the risk for motor vehicle accidents, injuries, violence, and suicide <sup>21</sup>.

**In 2011, 6.2% of Georgia adults engaged in heavy drinking.**

- Adult males (7.4%) were significantly more likely than females (5.1%) to engage in heavy drinking.
- Non-Hispanic whites (7.7%) were significantly more likely to engage in heavy drinking compared to non-Hispanic blacks (3.1%).
- Adults aged 65 years and older (3%) were significantly less likely to engage in heavy drinking compared to any other age groups.
- Heavy drinking is more prevalent among adults with a high annual household income of \$50,000-\$74,000 (7.7%) and \$75,000 or more (7.4%).

Demographic Characteristics	Heavy Drinking <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	6.2	(5.4, 7.1)
<b>Sex</b>		
Male	7.4	(6.1, 9.1)
Female	5.1	(4.3, 6.0)
<b>Race/Ethnicity</b>		
White Non-Hispanic	7.7	(6.6, 8.9)
Black Non-Hispanic	3.1	(2.1, 4.6)
Hispanic	5.3	(2.5, 10.6)
<b>Age</b>		
18-24 years	9	(6.0, 13.4)
25-34 years	7.8	(5.6, 10.7)
35-44 years	6.8	(5.0, 9.1)
45-54 years	5.5	(4.2, 7.1)
55-64 years	5.3	(4.3, 6.5)
65+ years	3	(2.4, 3.8)
<b>Annual Income</b>		
Less than \$15,000	6.4	(3.9, 10.2)
\$15,000-\$24,999	5.9	(4.3, 8.2)
\$25,000-\$34,999	3.8	(2.4, 6.0)
\$35,000-\$49,999	6.4	(4.7, 8.7)
\$50,000-\$74,999	7.7	(5.4, 10.8)
\$75,000 or More	7.4	(5.7, 9.5)
<b>Education</b>		
Less than High School	5.6	(3.5, 8.9)
High School Graduate	6.7	(5.2, 8.7)
Some College	5.5	(4.2, 7.0)
College Graduate	6.9	(5.7, 8.3)
<b>Health Care Coverage</b>		
Has Health Coverage	6.2	(5.3, 7.3)
No Health Coverage	8.1	(6.0, 10.7)

<sup>a</sup>The proportion of adults who reported drinking 2 or more drinks for males or 1 or more drinks for women per day.



# Breast Cancer Screening

**Breast cancer screening** means checking a woman’s breast for cancer before there are signs or symptoms of the diseases. Mammograms help screen for breast cancer by detecting for tumors or lumps using X-rays imaging. Women between 50-75 years old should get mammograms once every 2 years<sup>22</sup>. Breast cancer screening before age 50 should be done on an individual basis<sup>22</sup>.

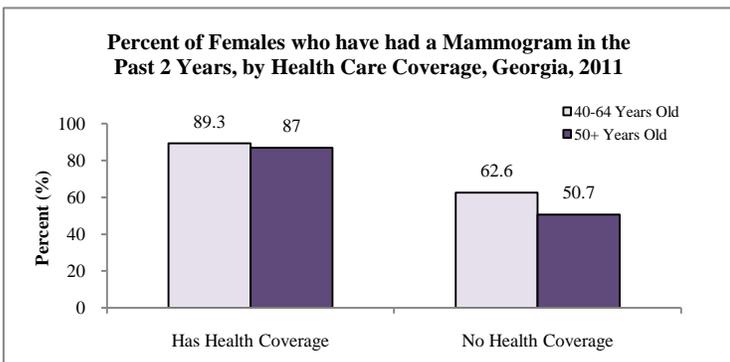
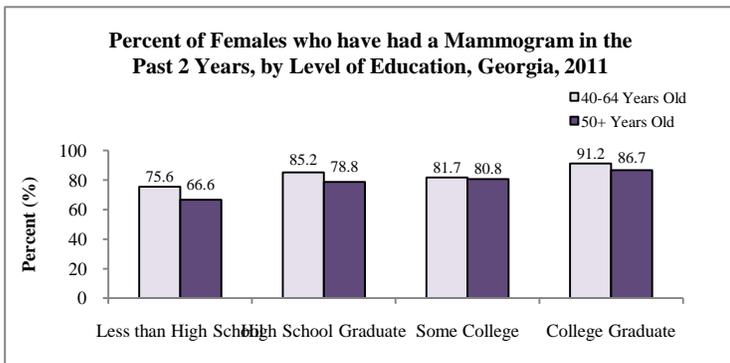
In 2011, 83.2% of Georgian women aged 40-64 years and 78.3% of Georgian women aged 50 years and older have had a mammogram in the past two years.

- Non-Hispanic white women were less likely to have had a mammogram in the past two years.
- Women with a higher annual household income were more likely to have had a mammogram in the past two years.
- Women with less than a high school education were significantly less likely to have had a mammogram in the past two years than women who are college graduates.
- Women with health care coverage were significantly more likely to have had a mammogram in the past two years when compared to women without health care coverage.
- Among women aged 40-64 years, those with an annual household income of less than \$15,000 (73.6%) were significantly less likely to have had a mammogram in the past two years compared to those with an annual household income \$75,000 and above (88.3%).
- Among women aged 50 years and older, non-Hispanic blacks (85.5%) were more likely to have had a mammogram in the past two years compared to non-Hispanic whites (76%) and Hispanics (78.5%).

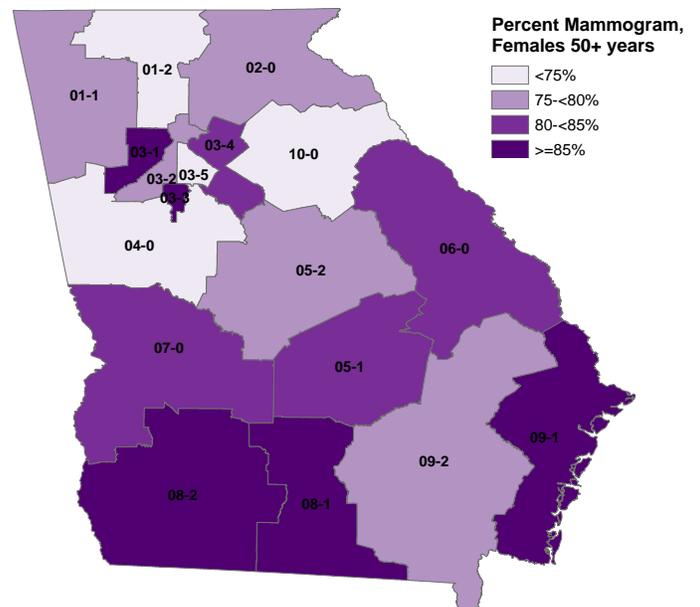
Demographic Characteristics	Mammogram 40-64 in Past 2 Years <sup>a</sup>		Mammogram 50+ in Past 2 Years <sup>b</sup>	
	%	95% CI	%	95% CI
<b>State Totals</b>	84.2	(80.8, 87.1)	78.3	(75.1, 81.2)
<b>Race/Ethnicity</b>				
White Non-Hispanic	82.1	(77.6, 85.9)	76.0	(72.2, 79.5)
Black Non-Hispanic	87.3	(80.7, 91.9)	85.5	(78.3, 90.5)
Hispanic	92.0	(74.3, 97.9)	78.5	(49.9, 93.0)
<b>Age</b>				
40-44 years	87.4	(77.0, 93.5)		
45-49 years	83.2	(75.0, 89.0)		
50-54 years	80.9	(71.9, 87.5)	76.6	(67.5, 83.8)
55-59 years	85.3	(78.6, 90.2)	81.2	(74.4, 86.6)
60-64 years	85.5	(79.2, 90.1)	83.0	(76.5, 88.1)
65+ years			75.8	(71.0, 80.0)
<b>Annual Income</b>				
Less than \$15,000	73.6	(61.2, 83.1)	65.3	(54.5, 74.7)
\$15,000-\$24,999	77.2	(64.6, 86.2)	73.2	(64.2, 80.6)
\$25,000-\$34,999	85.9	(74.6, 92.6)	77.7	(69.0, 84.6)
\$35,000-\$49,999	92.2	(85.3, 96.0)	85.4	(77.8, 90.8)
\$50,000-\$74,999	91.5	(84.5, 95.5)	92.7	(86.9, 96.1)
\$75,000 or More	88.3	(81.0, 93.1)	87.0	(80.1, 91.7)
<b>Education</b>				
Less than High School	75.6	(61.8, 85.5)	66.6	(56.5, 75.3)
High School Graduate	85.2	(78.7, 90.0)	78.8	(73.1, 83.5)
Some College	81.7	(74.8, 87.1)	80.8	(75.1, 85.4)
College Graduate	91.2	(87.4, 93.9)	86.7	(82.5, 90.0)
<b>Health Care Coverage</b>				
Has Health Coverage	89.3	(86.2, 91.8)	87.0	(83.4, 89.9)
No Health Coverage	62.6	(51.4, 51.4)	50.7	(36.7, 64.6)

<sup>a</sup> The proportion of women aged 40-64 years who had a mammogram within the past 2 years.

<sup>b</sup> The proportion of women aged 50+ years who had a mammogram within the past 2 years.



Percent of Females aged 50+ years who have had a Mammogram in the Past 2 years, by Health District, Georgia, 2011



## Breast Cancer Screening cont.

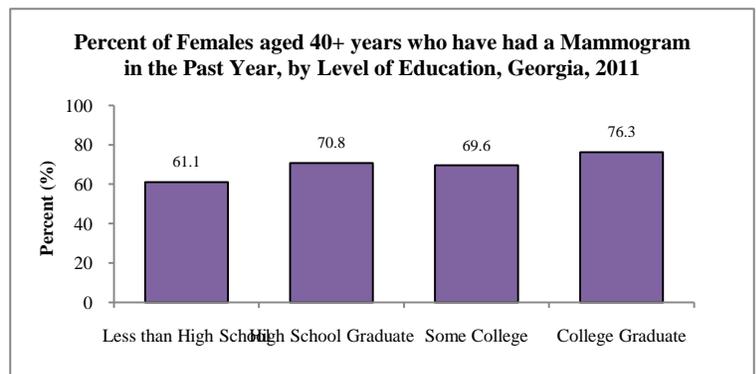
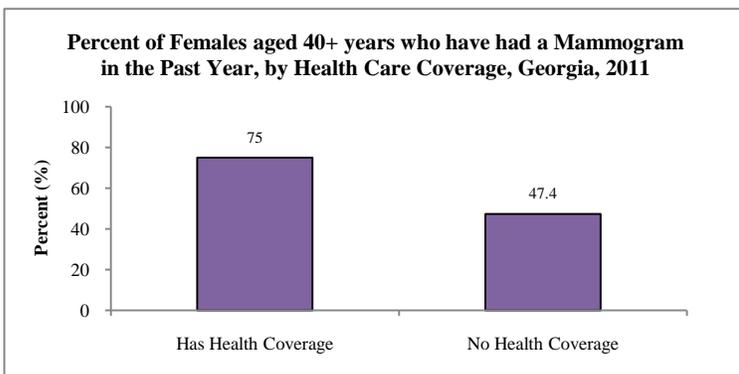
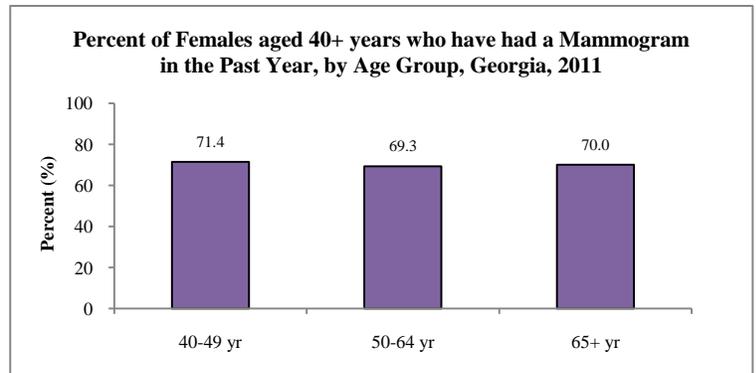
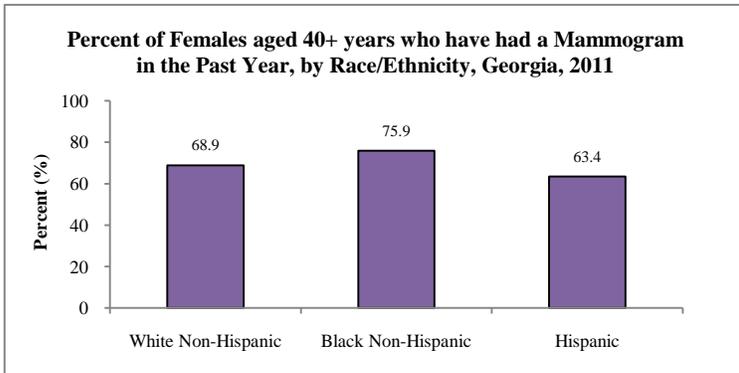
The American Cancer Society recommends that for early breast cancer detection in women without breast symptoms, women aged 40 years and older should have a mammogram every year<sup>23</sup>. Mammograms should be continued regardless of age, as long as there are no serious, chronic health problems such as congestive heart failure, end-stage renal disease, and chronic obstructive pulmonary disease<sup>23</sup>. Women with serious health problems or short life expectancies should discuss breast cancer screening with their doctor.

**In 2011, 70.4% of Georgian women aged 40 years and older have had a mammogram in the past year.**

- Among women aged 40 years and older, non-Hispanic blacks (75.9%) were more likely to have had a mammogram in the past year compared to non-Hispanic whites (68.9%) and Hispanics (63.4%).
- Women aged 65 years and older (70%) were the most likely to have had a mammogram in the past year.
- Among women aged 40 years and older, those with an annual household income of less than \$15,000 (61.6%) were less likely to have had a mammogram in the past year compared to those with an annual household income of \$15,000 or more.
- Women with less than a high school education (61.1%) were significantly less likely to have had a mammogram within the past year compared to women who are college graduates (76.3%).
- Among women aged 40 years and older, those without health care coverage (47.4%) were significantly less likely to have had a mammogram in the past year compared to those with health care coverage (75%).

Demographic Characteristics	Mammogram 40+ in Past Year <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	70.4	(67.2, 73.4)
<b>Race/Ethnicity</b>		
White Non-Hispanic	68.9	(65.1, 72.4)
Black Non-Hispanic	75.9	(69.0, 81.6)
Hispanic	63.4	(37.9,83.2)
<b>Age</b>		
40-49 years	71.4	(42.5, 89.4)
50-64 years	69.3	(61.8, 75.9)
65+ years	70	(65.2,74.3)
<b>Annual Income</b>		
Less than \$15,000	61.6	(51.5, 70.7)
\$15,000-\$24,999	68.3	(60.3, 75.3)
\$25,000-\$34,999	72	(62.7, 79.8)
\$35,000-\$49,999	74.1	(65.6, 81.1)
\$50,000-\$74,999	77.2	(68.0, 84.3)
\$75,000 or More	73.8	(66.1, 80.3)
<b>Education</b>		
Less than High School	61.1	(50.8, 70.5)
High School Graduate	70.8	(65.3, 75.8)
Some College	69.6	(63.1, 75.4)
College Graduate	76.3	(71.1, 80.9)
<b>Health Care Coverage</b>		
Has Health Coverage	75	(70.7, 78.9)
No Health Coverage	47.4	(36.8, 58.4)

<sup>a</sup>The proportion of women aged 40+ years who had a mammogram within the past year.

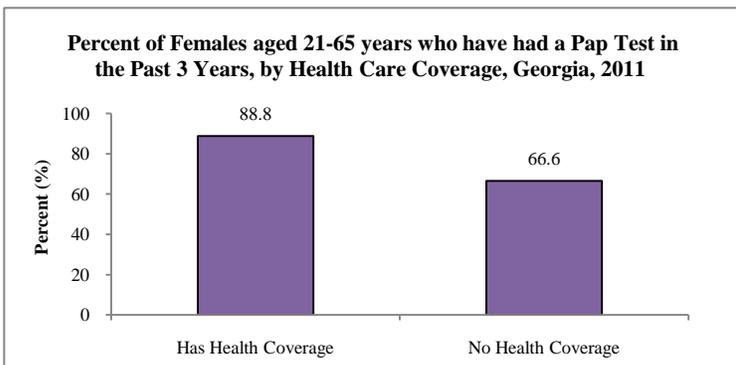
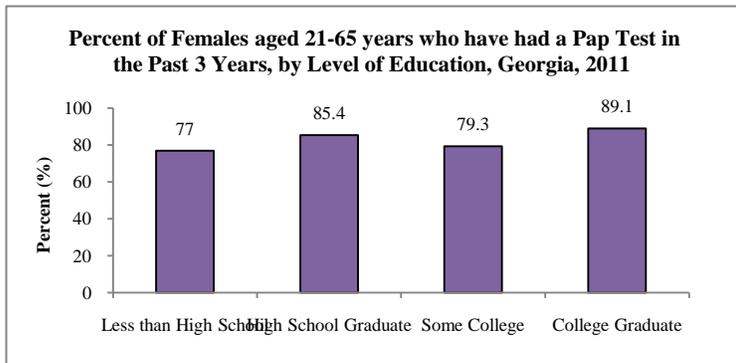
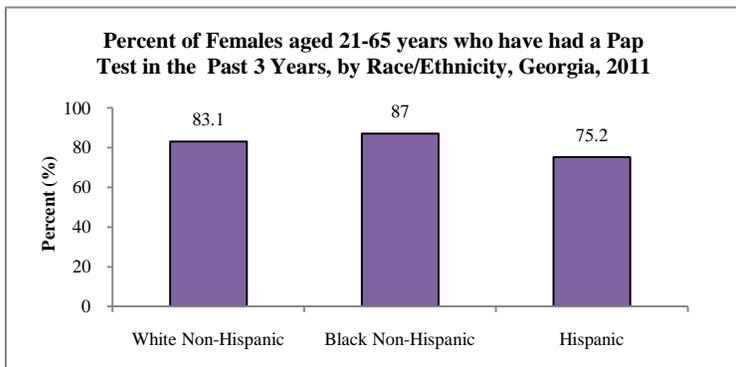


# Cervical Cancer Screening

**Cervical cancer screening** is one of the most effective ways to prevent cervical cancer. Current recommendations for cervical cancer screening states that Pap testing should begin at 21 years of age. Women aged 21-65 years should have a Pap test every 3 years and women aged 30-65 years can have Pap test every 3 years or Pap and HPV co-testing every 5 years<sup>24</sup>. Women aged 65 years or older with adequate screening history or women who had a total hysterectomy should not be screened<sup>24</sup>.

**In 2011, 83.5% of Georgia women aged 21-65 years reported having a Pap test within the past 3 years.**

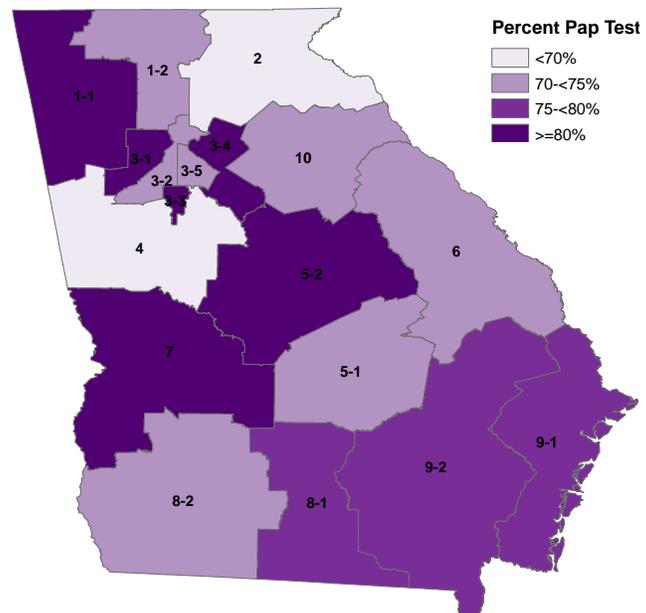
- Hispanics (75.2%) were less likely to have had a Pap test in the past 3 years than other race/ethnicity groups.
- Woman with a lower annual household income were less likely to have had a Pap test in the past 3 years.
- Women with less than high school education (77%) were less likely to have had a Pap test in the past 3 years compared to college graduates (89.1%).
- Woman with health care coverage (88.8%) were significantly more likely to have had a Pap test in the past 3 years than women without health care coverage (66.3%).



Demographic Characteristics	Pap Test in Past 3 Years <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	83.5	(79.1, 87.1)
<b>Race/Ethnicity</b>		
White Non-Hispanic	83.1	(77.6, 87.5)
Black Non-Hispanic	87	(77.5, 92.8)
Hispanic	75.2	(50.2, 90.1)
<b>Age</b>		
21-24 years	73.3	(24.6, 95.9)
25-34 years	84.2	(74.4, 90.8)
35-44 years	83.3	(73.9, 89.7)
45-54 years	87.1	(80.0, 91.9)
55-65 years	80	(73.5, 85.3)
<b>Annual Income</b>		
Less than \$15,000	80.6	(68.6, 88.7)
\$15,000-\$24,999	80.6	(67.0, 89.5)
\$25,000-\$34,999	68.3	(47.8, 83.5)
\$35,000-\$49,999	88.3	(77.8, 94.2)
\$50,000-\$74,999	94	(87.6, 97.2)
\$75,000 or More	92.6	(86.2, 96.2)
<b>Education</b>		
Less than High School	77	(62.5, 87.1)
High School Graduate	85.4	(78.6, 90.3)
Some College	79.3	(68.9, 86.9)
College Graduate	89.1	(82.7, 93.3)
<b>Health Care Coverage</b>		
Has Health Coverage	88.8	(84.4, 92.1)
No Health Coverage	66.6	(55.5, 76.2)

<sup>a</sup> The proportion of adult females aged 21-65 years who have had a Pap test within the past three years.

Percent of Females aged 21-65 years who have had a Pap Test in the Past 3 years, by Health District, Georgia, 2011



# Prostate Cancer Screening

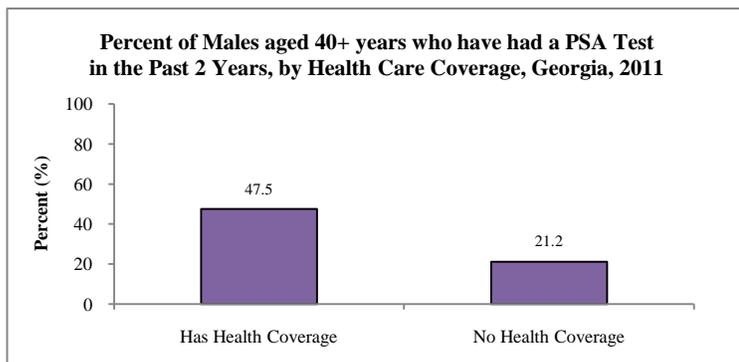
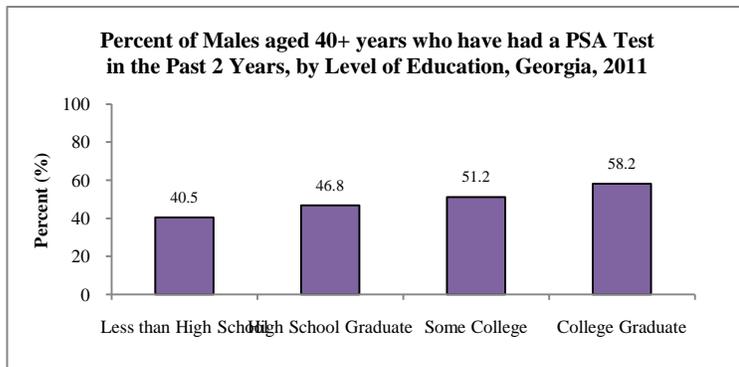
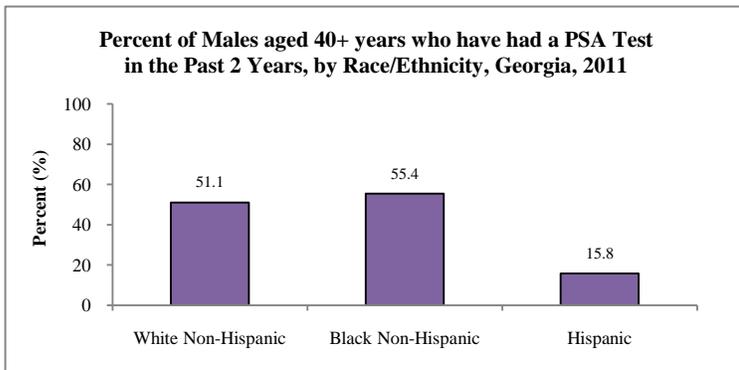
**Prostate cancer** is the most common cancer in American men, second only to lung cancer in the number of related cancer deaths<sup>25</sup>. Symptoms can include urination problems, constant pain in the back, hips, or pelvis, and painful ejaculation. Prostate specific antigen test (PSA) measures the level of PSA, a substance produced by the prostate, in the blood, which may be higher in men who have prostate cancer<sup>26</sup>. However, other conditions such as an enlarged prostate and prostate infection may also increase PSA levels.

**In 2011, 50.6% of Georgia males aged 40 years or older reported having a PSA test within the past 2 years.**

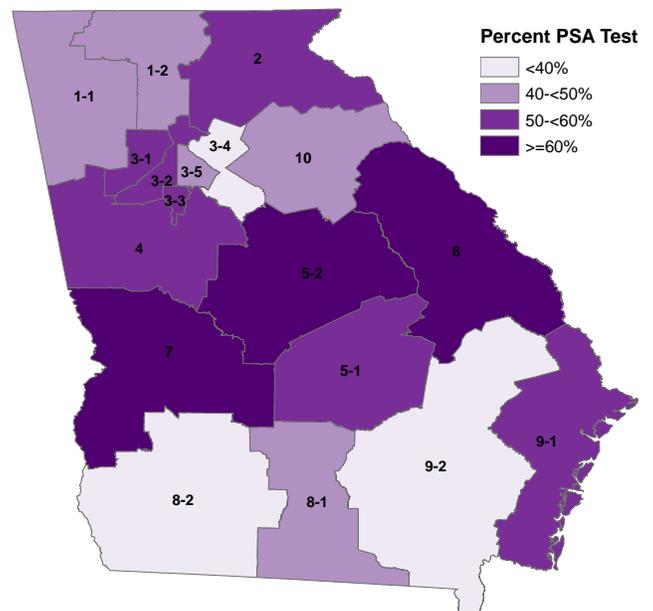
- Hispanic males aged 40 years and older (15.8%) were less likely to have had a PSA test in the past 2 years.
- PSA testing was lowest in men aged 40 years and older with an annual income less than \$15,000 (36.9%).
- A higher proportion of men aged 40 years and older with a college degree (58.2%) reported having a PSA test in the past 2 years compared with those without a college degree.
- Men aged 40 years and older with health care coverage (47.5%) were significantly more likely to have had a PSA test compared to those without health care coverage (21.2%).

Demographic Characteristics	PSA Test in Past 2 Years <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	50.6	(45.8, 55.4)
<b>Race/Ethnicity</b>		
White Non-Hispanic	51.1	(45.9, 56.4)
Black Non-Hispanic	55.4	(43.2, 66.9)
Hispanic	15.8	(5.9, 36.0)
<b>Age</b>		
40-44 years	24.4	(14.9, 37.2)
45-54 years	41.8	(33.2, 50.8)
55-64 years	60.3	(52.6, 67.5)
65+ years	78.9	(73.2, 83.7)
<b>Annual Income</b>		
Less than \$15,000	36.9	(22.7, 53.8)
\$15,000-\$24,999	48.2	(35.8, 60.8)
\$25,000-\$34,999	41.5	(28.1, 56.3)
\$35,000-\$49,999	53.9	(40.9, 66.3)
\$50,000-\$74,999	49	(37.4, 60.7)
\$75,000 or More	59.3	(51.4, 66.8)
<b>Education</b>		
Less than High School	40.5	(27.8, 54.6)
High School Graduate	46.8	(38.6, 55.2)
Some College	51.2	(41.2, 61.1)
College Graduate	58.2	(50.6, 65.4)
<b>Health Care Coverage</b>		
Has Health Coverage	47.5	(41.7, 53.5)
No Health Coverage	21.2	(11.1, 36.8)

<sup>a</sup>The proportion of adult males over 40 years of age who have had a Prostate-Specific Antigen (PSA) test within the past 2 years.



Percent of Males aged 40+ years who have had a PSA Test in the Past 2 Years, by Health District, Georgia, 2011



# Prostate Cancer Screening cont.

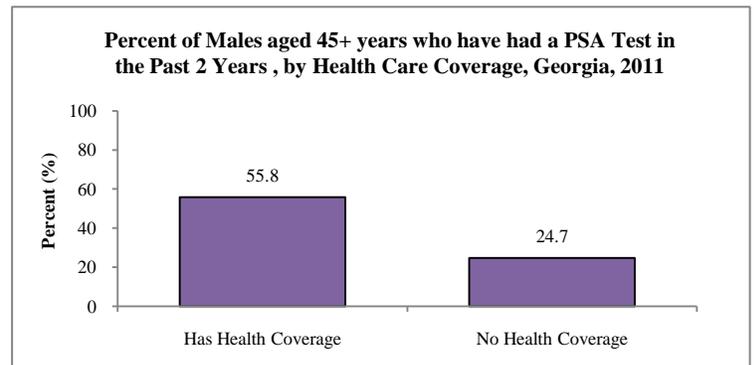
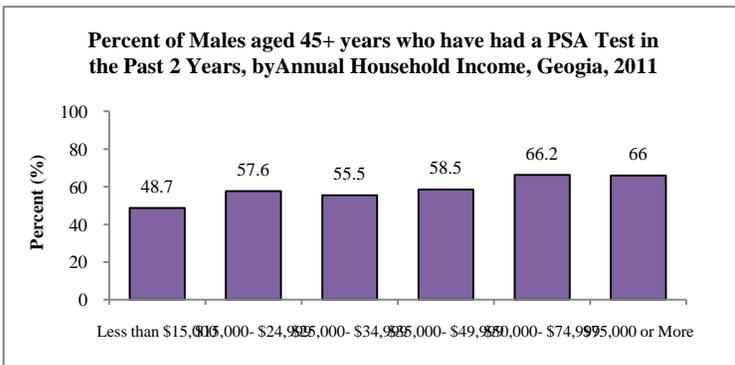
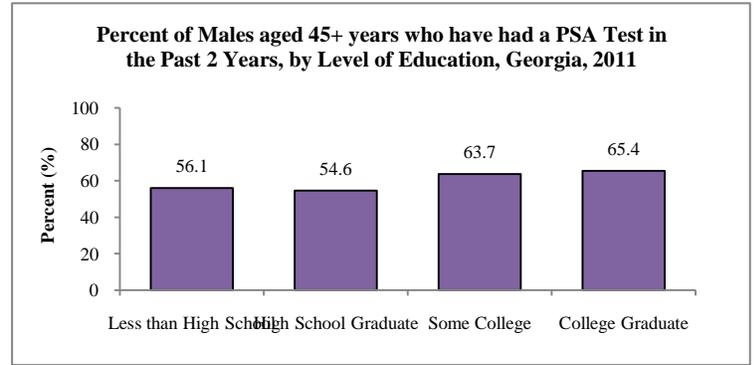
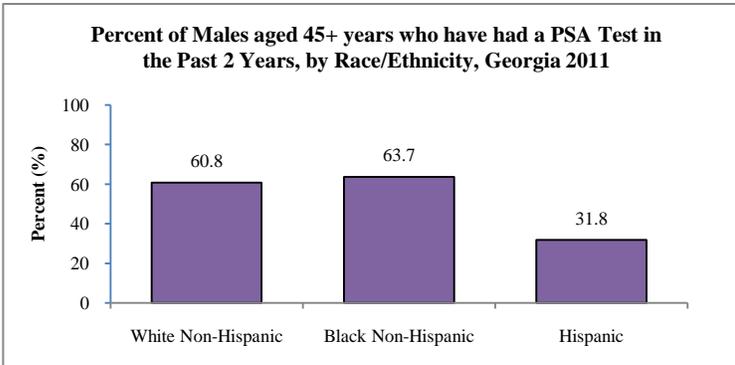
The American Cancer Society recommends that for early detection of prostate cancer, men aged 50 years should begin talking to their doctor about whether testing is a right choice for them<sup>27</sup>. Men at high risk of developing prostate cancer, including African Americans or those with a history of prostate cancer, should talk to their doctor at age 45 years<sup>27</sup>. Men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening. The time between future screenings will depend on the results of the PSA blood test<sup>27</sup>.

**In 2011, 60.5% of Georgia males aged 45 years or older reported having a PSA test within the past 2 years.**

- Among males aged 45 years and older, Hispanics (31.8%) were less likely to have had a PSA test in the past two years compared to non-Hispanic whites (60.8%) and non-Hispanic blacks (63.7%).
- Males 65 years and older (79.3%) were significantly most likely to have had a PSA test in the past two years.
- Among males aged 45 years and older, PSA testing within the past two years was lowest in those with an annual household income less than \$15,000 (48.7%).
- A higher proportion of men aged 45 years and older with a college degree (65.4%) had a PSA test in the past two years compared to those with less than high school education (56.1%), high school graduates (54.6%), and those with some college (63.7%).
- Males aged 45 years and older with health care coverage (55.8%) were significantly more likely to have had a PSA test in the past two years compared to those without health care coverage (24.7%).

Demographic Characteristics	PSA Test in Past 2 Years <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	60.5	(55.6, 65.1)
<b>Race/Ethnicity</b>		
White Non-Hispanic	60.8	(55.2, 66.1)
Black Non-Hispanic	63.7	(50.9, 74.8)
Hispanic	31.8	(14.3, 56.7)
<b>Age</b>		
45-49 years	1.81	(0.2, 13.4)
50-64 years	48.3	(36.4, 60.5)
65+ years	79.3	(73.6, 84.1)
<b>Annual Income</b>		
Less than \$15,000	48.7	(31.8, 65.9)
\$15,000-\$24,999	57.6	(45.5, 68.8)
\$25,000-\$34,999	55.5	(40.4, 69.7)
\$35,000-\$49,999	58.5	(45.5, 70.4)
\$50,000-\$74,999	66.2	(52.0, 77.9)
\$75,000 or More	66	(57.8, 73.2)
<b>Education</b>		
Less than High School	56.1	(40.4, 70.7)
High School Graduate	54.6	(46.0, 63.0)
Some College	63.7	(53.6, 72.8)
College Graduate	65.4	(57.9, 72.2)
<b>Health Care Coverage</b>		
Has Health Coverage	55.8	(49.3, 62.1)
No Health Coverage	24.7	(13.1, 41.7)

<sup>a</sup> The proportion of adult males aged 45 and above who have had a Prostate-Specific Antigen (PSA) test within the past 2 years.



# Colorectal Cancer Screening

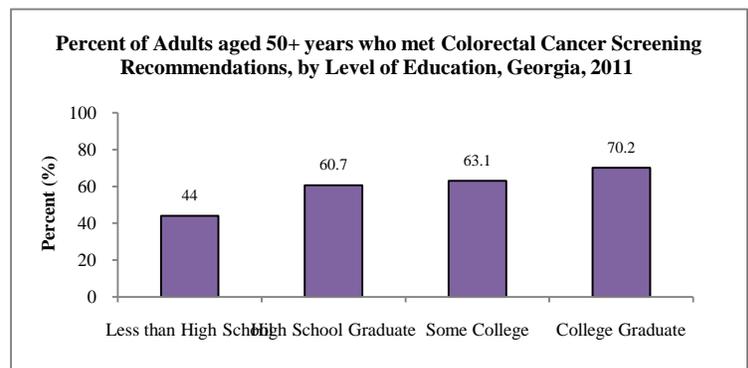
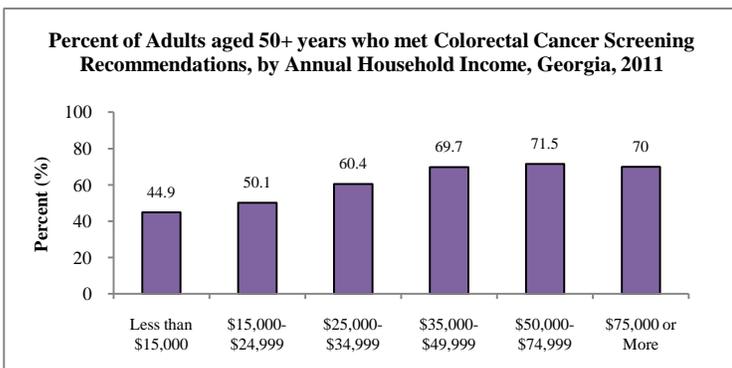
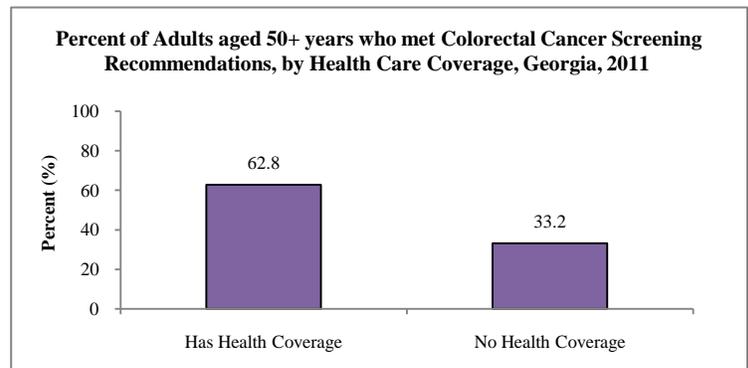
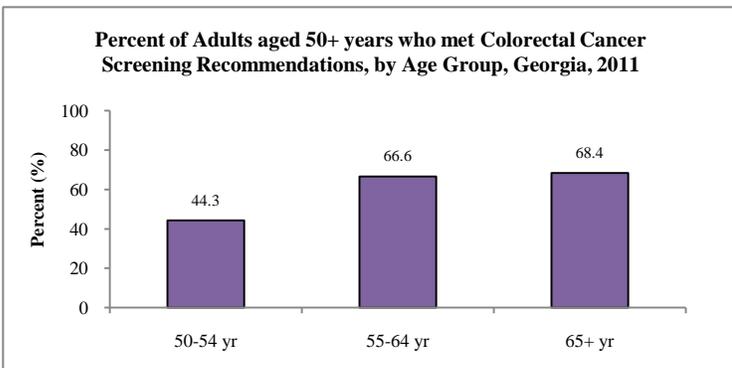
**Colorectal cancer** is the second leading cause of cancer-related deaths and third most common cancer in the United States<sup>28</sup>. Screening can find precancerous polyps (abnormal growths in the colon or rectum) so they can be removed before turning cancerous. The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 years using high-sensitivity fecal occult blood testing (FOBT) every year, sigmoidoscopy every five years, or colonoscopy every ten years<sup>29</sup>.

**In 2011, 60.7% of Georgia adults aged 50 years and older met the recommendations for colorectal cancer screening.**

- Hispanics aged 50 years or older (51.1%) were least likely to meet recommendations for colorectal cancer screening.
- Adults aged 65 years or older (68.4%) were most likely to meet the recommendations for colorectal cancer screening.
- Adults aged 50 years or older with a high annual household income were more likely to meet recommendations for colorectal cancer screening.
- Adults aged 50 years or older with less than a high school education (44.0%) were significantly less likely to meet colorectal cancer screening recommendations when compared to those who are high school graduates (60.7%), some college (63.1%) and college graduates (70.2%).
- Adults aged 50 years or older without health care coverage (33.2%) were significantly less likely to meet colorectal cancer screening recommendations when compared to those with health care coverage (62.8%).
- Among adults aged 50 years or older, 63.8% have had a sigmoidoscopy or colonoscopy and 19.6% have had a blood stool test in the past two years.

Demographic Characteristics	Colorectal Cancer Screening <sup>a</sup>	
	%	95% CI
<b>State Totals</b>	60.7	(57.3, 63.9)
<b>Sex</b>		
Males	58.4	(52.9, 63.6)
Females	62.7	(58.5, 66.7)
<b>Race/Ethnicity</b>		
White Non-Hispanic	61.7	(58.0, 65.3)
Black Non-Hispanic	60.5	(52.5, 68.0)
Hispanic	51.1	(27.2, 74.6)
<b>Age</b>		
50-54 years	44.3	(37.1, 51.8)
55-64 years	66.6	(62.1, 70.9)
65+ years	68.4	(63.2, 73.3)
<b>Annual Income</b>		
Less than \$15,000	44.9	(34.9, 55.4)
\$15,000-\$24,999	50.1	(41.8, 58.4)
\$25,000-\$34,999	60.4	(50.3, 69.7)
\$35,000-\$49,999	69.7	(60.9, 77.2)
\$50,000-\$74,999	71.5	(63.4, 78.5)
\$75,000 or More	70	(63.4, 75.9)
<b>Education</b>		
Less than High School	44	(34.6, 53.8)
High School Graduate	60.7	(54.9, 66.3)
Some College	63.1	(56.6, 69.2)
College Graduate	70.2	(65.0, 74.9)
<b>Health Care Coverage</b>		
Has Health Coverage	62.8	(58.4, 67.0)
No Health Coverage	33.2	(23.4, 44.7)

<sup>a</sup> The proportion of adults aged 50+ years who have had a blood stool test ever year, sigmoidoscopy every five years, or colonoscopy every ten years.



# Adult Immunizations

**Adult immunizations** against influenza and pneumococcal disease are important preventative measures against morbidity and mortality for adults aged 65 years and older since they are at high risk of developing complications from the diseases<sup>30</sup>. From 1976 to 2007, there was an estimated annual average of 5,546 (87.9%) influenza-associated deaths among adults 65 years and older<sup>31</sup>.

**In 2011, 55.2% of Georgia adults aged 65 and older had a seasonal flu shot within the past year.**

- Non-Hispanic whites (59.2%) were significantly more likely to receive the seasonal flu shot compared to non-Hispanic blacks (43.7%).
- Adults with a less than high school education (48.8%) were significantly less likely to receive the seasonal flu shot compared to those with some college (59.4%) and college graduates (61.0%).

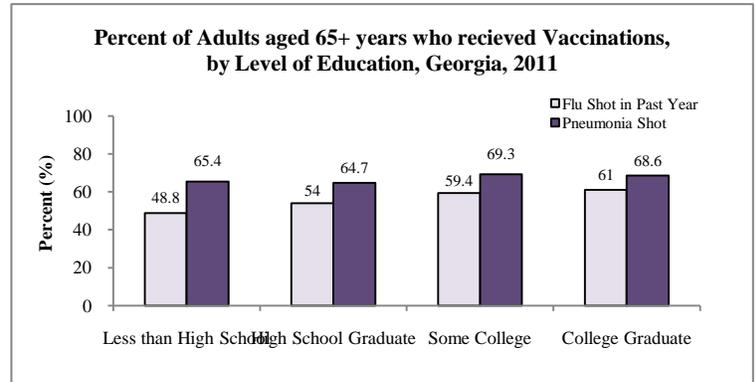
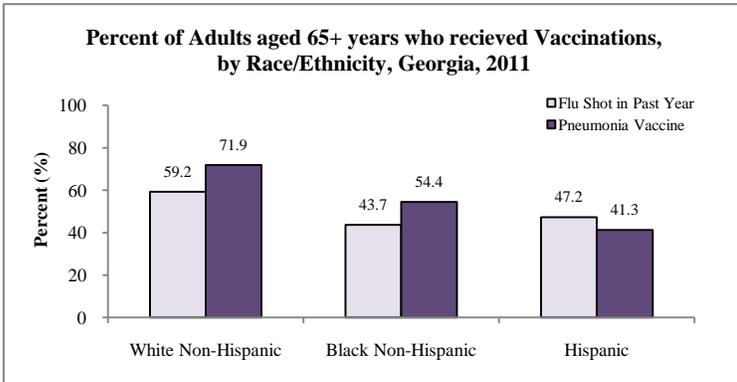
**In 2011, 66.5% of Georgia adults aged 65 and older have ever had the pneumonia vaccine.**

- Non-Hispanic whites (71.9%) were significantly more likely to receive the pneumonia shot compared to non-Hispanic blacks (43.7%), Hispanics (41.3%).
- Adults with an annual household income less than \$15,000 (61.4%) were the least likely to receive the pneumonia shot.

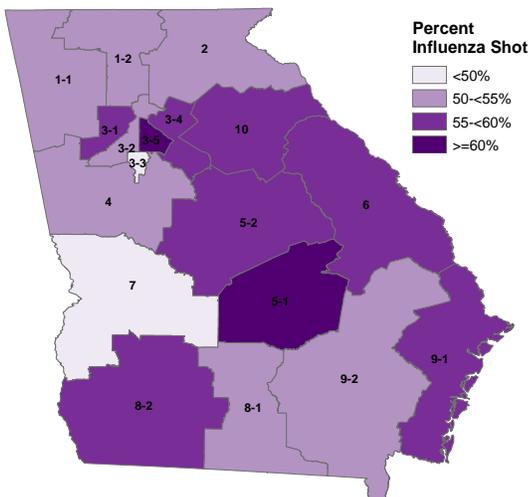
Demographic Characteristics	Influenza Shot <sup>a</sup>		Pneumonia Shot <sup>b</sup>	
	%	95% CI	%	95% CI
<b>State Totals</b>	55.2	(52.9, 57.5)	66.5	(64.2, 68.8)
<b>Sex</b>				
Male	54.3	(50.4, 58.2)	65.6	(61.6, 69.5)
Female	55.9	(53.0, 58.6)	67.1	(64.3, 69.8)
<b>Race/Ethnicity</b>				
White Non-Hispanic	59.2	(56.8, 61.7)	71.9	(69.5, 74.1)
Black Non-Hispanic	43.7	(37.6, 50.1)	54.4	(47.8, 60.7)
Hispanic	47.2	(28.2, 67.1)	41.3	(23.3, 61.9)
<b>Annual Income</b>				
Less than \$15,000	43.3	(36.8, 50.1)	61.4	(54.0, 68.3)
\$15,000-\$24,999	55.1	(49.8, 60.2)	71.5	(66.5, 76.0)
\$25,000-\$34,999	51	(44.8, 57.2)	64.4	(58.1, 70.2)
\$35,000-\$49,999	57.5	(50.8, 63.9)	66.2	(59.2, 72.5)
\$50,000-\$74,999	67.9	(61.0, 74.0)	68.1	(60.9, 74.5)
\$75,000 or More	66.7	(60.1, 72.6)	70.6	(63.9, 76.6)
<b>Education</b>				
Less than High School	48.8	(43.3, 54.3)	65.4	(59.8, 70.7)
High School Graduate	54	(50.1, 57.8)	64.7	(60.8, 68.3)
Some College	59.4	(54.6, 63.9)	69.3	(64.5, 73.6)
College Graduate	61	(56.7, 65.1)	68.6	(64.4, 72.5)

<sup>a</sup> The proportion of adults 65+ years that had a seasonal flu shot within the past year.

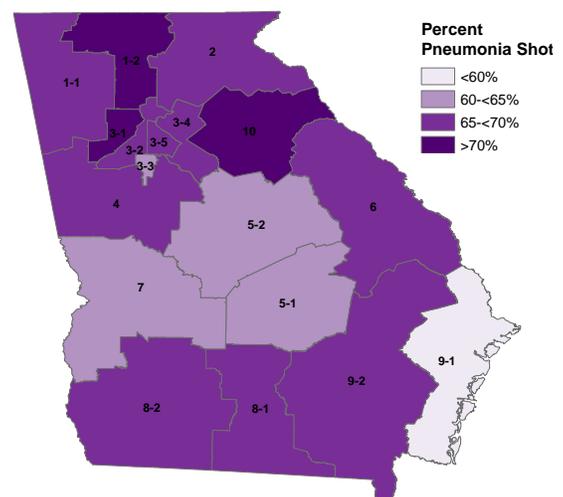
<sup>b</sup> The proportion of adults 65+ years that have ever had a pneumonia shot.



Percent of Adults aged 65+ years who received the Flu Shot, by Health District, Georgia, 2011



Percent of Adults aged 65+ years who received the Pneumonia Shot, by Health District, Georgia, 2011



# Bibliography

---

1. CDC - Surveillance Resource Center - Methodologic Changes in the Behavioral Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates. (2012, June 18). Centers for Disease Control and Prevention. Retrieved November 29, 2012, from <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>
2. US Census Bureau. Georgia QuickFacts. State and County QuickFacts. Retrieved November 29, 2012, from <http://quickfacts.census.gov/qfd/states/13000.html>
3. Idler, E., & Benyamini, Y. (1997). Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav.*, 21-37.
4. Hoffman C, Paradise J. 2008. Health Insurance and Access to Health Care in the United States. *Ann N Y Acad Sci* 1136:149-160.
5. CDC - Disability and Health, Related Conditions - NCBDDD. Centers for Disease Control and Prevention. Retrieved November 29, 2012, from <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>
6. Asthma's Impact on the Nation: Data from the CDC National Asthma Control Program. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/asthma/impacts\\_nation/AsthmaFactSheet.pdf](http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf)
7. CDC - Basics about Diabetes - Diabetes & Me - Diabetes DDT. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/diabetes/consumer/learn.htm>
8. CDC - DHDSP - Heart Disease - Heart Attack. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/heartdisease/heart\\_attack.htm](http://www.cdc.gov/heartdisease/heart_attack.htm)
9. CDC - Stroke Home - DHDSP. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/stroke/>
10. CDC - DHDSP - Heart Disease - Other Related Conditions. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/heartdisease/other\\_conditions.htm](http://www.cdc.gov/heartdisease/other_conditions.htm)
11. CDC Vital Signs - Adult Obesity. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/vitalsigns/AdultObesity/index.html>
12. Obesity and Overweight for Professionals: Adult: Causes - DNPAO - CDC. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/obesity/adult/causes/index.html>
13. Physical Activity for Everyone: Guidelines: Adults. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>
14. Physical Activity for Everyone: The Benefits of Physical Activity. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/physicalactivity/everyone/health/index.html>
15. CDC Vital Signs - Adult Seat Belt Use in the US. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/vitalsigns/SeatBeltUse/LatestFindings.html>
16. Georgia's Seat Belt Law. *Governor's Office of Highway Safety in Georgia*. Retrieved from <http://www.gohs.state.ga.us/seatbeltlaw.html>
17. CDC - Health Effects - Smoking & Tobacco Use. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/tobacco/basic\\_information/health\\_effects/index.htm](http://www.cdc.gov/tobacco/basic_information/health_effects/index.htm)
18. Gvinianidze, K Tsereteli, D. (2012). Tobacco smoking attributable mortality and years of potential life lost in Georgia. *Georgian Med News*, (206):52-7.

# Bibliography

---

19. CDC - Fact Sheet - Smokeless Tobacco Facts - Smoking & Tobacco Use. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/smokeless/smokeless\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/smokeless_facts/index.htm)
20. CDC Vital Signs - Binge Drinking. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/vitalsigns/BingeDrinking/index.html>
21. CDC - Fact Sheets-Alcohol Use And Health - Alcohol. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
22. CDC - Screening for Breast Cancer. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/cancer/breast/basic\\_info/screening.htm](http://www.cdc.gov/cancer/breast/basic_info/screening.htm)
23. American Cancer Society | Information and Resources for Cancer: Breast, Colon, Lung, Prostate, Skin. Breast Cancer Early Detection. Retrieved from <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-toc>
24. Pap and HPV Testing - National Cancer Institute. Comprehensive Cancer Information - National Cancer Institute. Retrieved from <http://www.cancer.gov/cancertopics/factsheet/detection/Pap-HPV-testing>
25. CDC - Fast Facts About Prostate Cancer. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/cancer/prostate/basic\\_info/fast\\_facts.htm](http://www.cdc.gov/cancer/prostate/basic_info/fast_facts.htm)
26. CDC - Prostate Cancer Screening. *Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/cancer/prostate/basic\\_info/screening.htm](http://www.cdc.gov/cancer/prostate/basic_info/screening.htm)
27. American Cancer Society | Information and Resources for Cancer: Breast, Colon, Lung, Prostate, Skin. Prostate Cancer Early Detection. Retrieved from <http://www.cancer.org/cancer/prostatecancer/moreinformation/prostatecancerearlydetection/prostate-cancer-early-detection-toc>
28. CDC - Colorectal Cancer Screening. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/cancer/colorectal/screening/index.htm>
29. Screening for Colorectal Cancer. *U.S. Preventive Services Task Force*. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm>
30. CDC - Seasonal Influenza (Flu) - Key Facts About Seasonal Flu Vaccine. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/flu/protect/keyfacts.htm>
31. Estimates of Deaths Associated with Seasonal Influenza --- United States, 1976--2007. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a1.htm>